

Qualitative Case Review

Protocol for Review of Current Status of Children and Families and the Performance of Key System Functions

Produced for Use by

**Utah Department of Human Services
Division of Child & Family Services**

by Human Systems and Outcomes, Inc.

revised August 2007

Child's name	Office/Region	QCR #	Reviewers	Date of Review
Supervisor:		Worker:		



Qualitative Case Review (QCR)

The QCR is a method used for appraising the current status of persons receiving child welfare and other publicly funded services on key indicators and for determining the adequacy of performance of key service system functions for these same persons. The QCR examines short-term results for children with special needs and their caregivers and the contribution made by a locally coordinated service system in producing those outcomes. Review results are used for understanding and improving the front-line practices of child-serving agencies.

These working papers, collectively referred to as the *QCR Protocol*, are used to support a professional appraisal of child status and service system performance for individual children and their caregivers in a specific service area and at a given point in time. This protocol is not a measurement instrument designed with psychometric properties intended for research uses and should not be taken to be so. The Utah QCR Protocol is prepared for and licensed to the Utah Department of Human Services, Division of Child & Family Services. The QCR Protocol and use methodology are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of Human Systems and Outcomes, Inc. (HSO). These tools and methods follow a Service Testing™ process developed and offered by HSO.

Proper use of the *QCR Protocol* requires reviewer training and supervision. Supplementary materials provided during training are necessary for reviewer use during case review activities. Persons interested in gaining further information about the QCR should contact an HSO representative at:

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The QCR protocol is available online at: www.hsosr.utah.gov

Target child's name (last name first): _____

Parent's name (last name first): _____

General Information

Please refer to the Case Information report attached to the front cover for case information such as family and caregiver information, CPS and placement history, and permanency goal

Current Programs: check all that apply

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Early Intervention | <input type="checkbox"/> Special Education | <input type="checkbox"/> Juvenile Justice | <input type="checkbox"/> Tribal Community Services |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Dept. of Workforce Services (DWS) | <input type="checkbox"/> Services covered under Sect. 504 (rehab. act for person with disabilities) | | |
| <input type="checkbox"/> Division of Services for People with Disabilities (DSPD) | <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Other: _____ | |

Birth Family's Living Status

- ☐ Owns Home ☐ Rents Home ☐ Apartment
- ☐ Shelter ☐ Homeless ☐ With Another Family
- ☐ Other: _____

Birth Family's Socio-Economic Status

- ☐ High ☐ Middle ☐ Low ☐ Poverty
- Does any family member receive:
- ☐ SSI
- ☐ TANF _____ months remain of eligibility
- ☐ Military Benefits

Transitions for Child, Birth Family and Caregiver

Transitions being Addressed by the Child and Family: check all that apply

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> New Job/Work Schedule | <input type="checkbox"/> New Member/Baby | <input type="checkbox"/> New Residence | <input type="checkbox"/> New School/Change |
| <input type="checkbox"/> Lay-off/Job Loss | <input type="checkbox"/> Family Reunification | <input type="checkbox"/> Loss of Home | <input type="checkbox"/> Loss of School/Expulsion |
| <input type="checkbox"/> Loss of TANF/Benefits | <input type="checkbox"/> Loss of Family Member/Death | <input type="checkbox"/> Impending Divorce | <input type="checkbox"/> Other: _____ |

Notes on Transitions

Child's School Situation

Child's Present School	Child's Present Classroom or Home Room Teacher
Name:	Person's Name:
Address:	Person's Title:
Phone:	

Type of Present School Placement: check only one

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> General education | <input type="checkbox"/> Spec. ed/segregated | <input type="checkbox"/> Home school/tutor | <input type="checkbox"/> Day treatment center |
| <input type="checkbox"/> Alternative school | <input type="checkbox"/> Apprenticeship/voc | <input type="checkbox"/> Resid. treatment center | <input type="checkbox"/> Hospital/institution |
| <input type="checkbox"/> Other: _____ | | | |

Child's School Situation

Status Indicators Of Interest	Status 12 Months Ago	Present Status
1. School attendance pattern.		
2. Classroom/participation in instruction.		
3. Completion of lessons and assignments.		
4. Grades in core academic subjects.		
5. Reading level compared to grade level.	Grade 12 months ago: _____ Reading level 12 mos. ago _____	Present grade placement: _____ Present reading level: _____
6. Credit toward graduation.		
7. Vocational/employment preparation.		
8. Discipline problems.		
9. Participation in extracurricular activities.		
10. Progress made on special plan objectives for this student: SST interventions, Sect. 504 special accommodations, IEP strategies and services, ISP (ind. student plan) services, etc.		

Changes in the Child's Status during this School Year

Status Area	Improved	No Change	Declined
1. School attendance pattern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Grades in core academic subjects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reading level/functional literacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Discipline/acceptable school behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participation in extracurricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Progress on special plan objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Transitions between settings or levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child Circumstances that may require Monitoring or Services

Possible Circumstances of Concern	Note Circumstances as reported by Informants or Records
Difficult Life Situations	✓
1. Abuse victim with post-traumatic stress.	<input type="checkbox"/>
2. Experiences domestic violence in home.	<input type="checkbox"/>
3. Has no permanent home.	<input type="checkbox"/>
4. Has a chronic illness requiring care.	<input type="checkbox"/>
5. Has a developmental delay/disability.	<input type="checkbox"/>
6. Lives in a single parent home.	<input type="checkbox"/>
7. Lacks adequate adult supervision.	<input type="checkbox"/>
8. Lacks adequate nutrition.	<input type="checkbox"/>
9. Lacks access to health or dental care.	<input type="checkbox"/>
10. Is pregnant or a teen parent.	<input type="checkbox"/>
11. Has a medical or mental health condition.	<input type="checkbox"/>
12. Has a physical disability.	<input type="checkbox"/>
Behavioral Concerns	
1. Sexually reactive/Sexual acting out.	<input type="checkbox"/>
2. Abuses substances or alcohol.	<input type="checkbox"/>
3. Hurtful to self/abuses substances.	<input type="checkbox"/>
4. Hurtful to others or animals.	<input type="checkbox"/>
5. Destroys property.	<input type="checkbox"/>
6. Disruptive behaviors.	<input type="checkbox"/>
7. Unusual or repetitive habits.	<input type="checkbox"/>
8. Withdrawal or inattentive behaviors.	<input type="checkbox"/>
9. Uncooperative behaviors.	<input type="checkbox"/>
10. Runaway.	<input type="checkbox"/>
11. Truancy.	<input type="checkbox"/>
12. Delinquent behavior.	<input type="checkbox"/>

Opportunities and Assets for Achieving Family Success

List the assets, capacities, and opportunities that will enable this family to succeed via the DCFS service process.

- [illegible]

Birth Family Strengths, Capacities, and Assets to Build Upon

(Only applicable if child is still living at home or has goal of reunification)

	Check and Note Circumstances as reported by Informants or Found in Records
Family Assets	√
Caregiver	
1. Caregivers have a long-term relationship.	<input type="checkbox"/>
2. Caregivers recognize the need to set limits.	<input type="checkbox"/>
3. Caregivers use appropriate discipline.	<input type="checkbox"/>
4. Caregivers have nurturing interactions and relationships with children.	<input type="checkbox"/>
5. Caregivers express interest in getting help.	<input type="checkbox"/>
6. Caregivers acknowledge parenting problems related to maltreatment.	<input type="checkbox"/>
7. Caregivers have a vision of something better for the family.	<input type="checkbox"/>
8. Caregivers share childcare responsibility.	<input type="checkbox"/>
9. Caregivers' partners/spouses demonstrate constructive family problem solving.	<input type="checkbox"/>
Family	
10. Family members are physically healthy.	<input type="checkbox"/>
11. Extended family is near and supportive.	<input type="checkbox"/>
12. Faith community supports family.	<input type="checkbox"/>
13. Family has many friends and neighbors.	<input type="checkbox"/>
14. Family has advocates.	<input type="checkbox"/>
15. Family members are mentally healthy.	<input type="checkbox"/>
16. Children have an unconditionally caring adult who sees them daily or often.	<input type="checkbox"/>
Children	
17. Children attend school regularly.	<input type="checkbox"/>
18. Children are performing at grade level at school.	<input type="checkbox"/>
Family Situation	
19. Family home is in good repair.	<input type="checkbox"/>
20. Home is adequate in size for family.	<input type="checkbox"/>
21. Family has adequate transportation.	<input type="checkbox"/>
22. Adults completed high school/GED.	<input type="checkbox"/>
23. One or more adults employed.	<input type="checkbox"/>
24. Family has income above poverty level.	<input type="checkbox"/>
25. Family has private health insurance.	<input type="checkbox"/>
26. Other assets: _____	<input type="checkbox"/>

Circumstances of the Birth Family that may Require Attention

Difficult Family Circumstances	Check and Note Circumstances as reported by Informants or Found in Records
Caregiver Situations	√
1. Victim of abuse as a child.	<input type="checkbox"/>
2. Inadequate parenting skills.	<input type="checkbox"/>
3. Uses harsh/excessive discipline.	<input type="checkbox"/>
4. Abuses substances or alcohol.	<input type="checkbox"/>
5. Has an active mental illness (including depression).	<input type="checkbox"/>
6. Has a chronic physical illness.	<input type="checkbox"/>
7. Has a problem with anger management.	<input type="checkbox"/>
8. Has a developmental disability.	<input type="checkbox"/>
9. Lacks transportation.	<input type="checkbox"/>
10. Is unemployed or under-employed.	<input type="checkbox"/>
11. Is pregnant or a teen parent.	<input type="checkbox"/>
12. Single caregiver with no assistance from family/friends/community.	<input type="checkbox"/>
13. Faces extreme caregiving demands:	
a. large family (e.g. 6 children)	<input type="checkbox"/>
b. new infant	<input type="checkbox"/>
c. dependent adult	<input type="checkbox"/>
d. other _____	<input type="checkbox"/>
14. Case opened because of multiple forms of maltreatment.	<input type="checkbox"/>
15. Lacks access to health or dental care.	<input type="checkbox"/>
16. Domestic violence occurs at home.	<input type="checkbox"/>
17. Family has no permanent home.	<input type="checkbox"/>
18. Family income below poverty level.	<input type="checkbox"/>
19. Family has been a CPS client before (recidivist, chronic, etc.)	<input type="checkbox"/>
20. Family members engage in illegal activity in home/gangs.	<input type="checkbox"/>
21. Family moved often in last 2 years.	<input type="checkbox"/>
22. Case opened due to sexual abuse.	<input type="checkbox"/>
23. Parent incarcerated.	<input type="checkbox"/>
24. Parent/child conflict.	<input type="checkbox"/>
25. Young parent (under 20).	<input type="checkbox"/>
26. Parent unemployment.	<input type="checkbox"/>
27. Different cultural norms.	<input type="checkbox"/>

Services and Supports for the Child, Birth Family and Caregiver

Type of Service Use space on page 9 for additional notes on bold items.	Formal		Informal
	Needed/Received	Needed/Not Received	Received
1. Early intervention services (0 -5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnosis and assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Child safety monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Therapeutic counseling: child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Therapeutic counseling: parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Therapeutic counseling: family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Day treatment program (MH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Parent training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Daycare/childcare/babysitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respite care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Family preservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In-home supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. CPS/Court supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. High risk intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Therapeutic home/foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wrap-Around services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Mentor/one-to-one services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Tutoring/homework help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Domestic violence services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Emergency shelter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Emergency food/cash for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Utility payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Special education instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Homebound services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Alternative education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Transition services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Vocational training/placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Academic counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Crisis stabilization services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Inpatient hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Medication management services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Situation Analysis

Area and Topic of Interest	Current Status as determined from Informants
<p align="center">Special Health Needs</p> <ol style="list-style-type: none"> Child health issues. Services/supports provided. Health care monitoring. Other providers involved. 	
<p align="center">Domestic Violence</p> <ol style="list-style-type: none"> Reasons for domestic violence services. Services provided/locations. Service delivery and coordination. Timeliness and effectiveness of services. 	
<p align="center">Substance Abuse</p> <ol style="list-style-type: none"> Reasons for substance abuse services. Services provided/locations. Service delivery and coordination. Timeliness and effectiveness of services. 	
<p align="center">Mental Health Services</p> <ol style="list-style-type: none"> Reasons for mental health services. Services provided/locations. Service delivery and coordination. Timeliness and effectiveness of services. 	

Caseworker Information

- How long have you been employed with child welfare? _____
- How long in your current position? _____
- How long have you been assigned to this case? _____
- How many caseworkers have been assigned to this case before you (if any)? _____
- How many open cases do you currently have: Foster care? In-home? Other? Total?
- In your perspective, are there any barriers or limitations that prevent you from providing good casework in this case?

Explain:

Inquiry Areas & Examinations

For Testing Child Welfare Services



Status Review 1: Safety

SAFETY: • Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working, and recreational environments? • Are others in the child's daily environments safe from the child? • Is the child free from unreasonable intimidations and fears at home and school?

Child safety is central to child well-being. Each child should be free from known and manageable risks of harm in his/her daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears that may be induced by family, neighbors, peers, or employers. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation, or abandonment is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others. Safety and health provide the foundation for normal child development.

Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Safety, as used here, refers to adequate management of known risks to the child's physical safety and to the safety of others in the child's home and school settings. **Safety is relative to known risks**, not an absolute protection from all possible risks to life or physical well-being. All adult caregivers and professional interveners in the child's life bear a responsibility for maintaining safety for the child and for others who interact with the child. Protection of others from a child with assaultive behavior may require special safety precautions.

Child/Family Status Probes for Review Use

1. **Does the child engage in high-risk behaviors or activities that present safety risks to him/herself or to others in the child's daily settings?** ☐ Yes ☐ No If Yes, check all that apply.
 - ☐ Abuses illegal or dangerous substances on a regular basis or is addicted.
 - ☐ Participates in gang activities or carries a weapon.
 - ☐ Runs away from home and/or school.
 - ☐ Has been arrested repeatedly and/or has been adjudicated delinquent.
 - ☐ Is at risk of becoming pregnant.
 - ☐ Is a safety risk to himself/herself due to emotional or behavioral problems.
 - ☐ Behavior poses a risk to other children (aggression, perpetration)
2. **If the reason for DCFS involvement is the child's high-risk behavior, has the child's level of responsibility improved since beginning services?** ☐ Yes ☐ No ☐ NA
3. **Do caregivers or other persons living in the child's present home/home of origin* present a safety risk to the child?** ☐ Yes ☐ No If Yes, check all that apply.

<u>Substitute caregivers:</u> <ul style="list-style-type: none"> <input type="checkbox"/> The home has a recent history of domestic violence. <input type="checkbox"/> The child has a pattern of frequent injuries requiring treatment. <input type="checkbox"/> Persons in the home are engaging in illegal or addictive behaviors. <input type="checkbox"/> Current caregiver has recently abused or neglected children. <input type="checkbox"/> Caregiver uses inappropriate methods of discipline. <input type="checkbox"/> Children in the home frequently lack adequate supervision. <input type="checkbox"/> Basic physical needs of children in the home are not being met. <input type="checkbox"/> The special needs of the child are not being met in the home. 	<u>Parents/home of origin:</u> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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4. **Are there indications of intimidation or unreasonable fear in the child's life at home, in the neighborhood, and/or at school?** ☐ Yes ☐ No
5. **If indicated, do the child and primary caregiver have timely access to support services necessary to stabilize or resolve emerging problems of an urgent nature?**

Other Concerns not Listed

(Such as: caregiver ability to or willingness to protect, neighborhood safety, prior CPS involvement, disability issues)

*only if child visits with family of origin

Status Rating 1: Safety

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

- ◆ Child's situation indicates **optimal safety** for the child in his/her living and learning settings. The child has a safe home with reliable and competent caregivers, is safe at school, is free from intimidations, and presents no unmanaged safety risks to self and others. - **OR** - The child is safe from known and manageable risks of harm and is free of unreasonable intimidations or fears at home, at school, and in the community.
- ◆ Child's situation indicates **substantial safety** for the child in his/her living and learning settings. The child has a generally safe home with adequate caregivers, is usually safe at school, is free from intimidations, and presents no or minimal safety risks to self and others. - **OR** - The child is reasonably safe from known and manageable risks of harm and is free of unreasonable intimidations or fears at home and at school.
- ◆ Child's situation indicates **minimally acceptable safety** from imminent risk of physical harm for the child in his/her living and learning settings. The child has a minimally safe home with present caregivers, is usually safe at school, is free from intimidations, and presents no or minimal safety risks to self and others. - **OR** - The child is minimally safe from known and manageable risks of harm and is minimally exposed to intimidations or fears at home or at school with the current level of supports.
- ◆ Child's situation indicates an **unmanaged safety risk** present that poses an elevated risk of physical harm for the child in his/her living and learning settings. - **OR** - The child is mildly injuring self or others infrequently. **OR** - Persons at school or in the community are posing a safety problem for the child. Supports are not always dependable at some times or in some settings.
- ◆ Child's situation indicates **substantial and continuing safety problems** that pose elevated risks of physical harm for the child in his/her living and learning settings. - **OR** - The child is injuring self or others occasionally. - **OR** - Persons at school or in the community are posing a serious safety problem for the child. The current level of support or intervention is inadequate to manage risks.
- ◆ Child's situation indicates **serious and worsening safety problems** that pose high risks of physical harm for the child in his/her living and learning settings. - **OR** - The child is seriously injuring self or others. - **OR** - Persons in the child's daily settings are posing a serious safety problem for the child. Necessary supports are either missing or grossly inadequate.

6

Child	Others*
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5

Child	Others*
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4

Child	Others*
-------	---------

3

Child	Others*
-------	---------

2

Child	Others*
-------	---------

1

Child	Others*
-------	---------

List the Reasons or Facts That Lead to Your Rating Decision.

* Others applies only to others at risk from the child.

STABILITY: • Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience." Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. The caregiver or adult mentor (relative, neighbor, coach) who takes time with the child, works through problems of childhood and adolescence with the child, and models values and life skills is essential for normal development. Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child's living arrangement and social support network is a foundation for child development. A child removed from his family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. If, for reasons of child protection, psychiatric treatment, or juvenile justice services, this child is in a temporary setting or unstable situation, then prompt and active measures should be taken to restore the child to a stable situation.

Other Concerns not Listed

- 1. Does the child have a stable living arrangement (now and in the last 12 months*)?**
- ☐ Yes ☐ No If NO, note reasons below and number of placements.
- _____ How many placement changes did this child experience in the last 12 months?
- ☐ Removed from home for safety reasons (abuse, neglect).
- ☐ Has run away one or more times from home.
- ☐ Placed in a detention or correction facility.
- ☐ Hospitalized for chronic health problems.
- ☐ Change in placement due to the child's behavioral or psychiatric problems.
- ☐ Change in placement due to a request of the foster parents.
- ☐ Move to a relative's home.
- ☐ Change in level of care
- 2. Does the child have stability in his/her school setting or has he/she experienced one or more disruptions during the past 12 months?**
- ☐ Yes ☐ No If YES, indicate reasons below.
- ☐ Suspended or expelled from school.
- ☐ Placement into a residential setting for treatment or detention.
- ☐ Placement into a more restrictive educational setting (special ed., alternative school).
- ☐ Changed school due to change in foster home.
- 3. Are there other risks of disruption?**
- ☐ Yes ☐ No If YES, what are they?
- ☐ Caregiver's history of frequent moves.
- ☐ Change in adults living in the home.
- ☐ Illegal activities conducted in or near the home.
- ☐ Risk of teenage pregnancy.
- ☐ Other:

*If child has been receiving services from DCFS for less than 12 months, then since the start of DCFS involvement.

Status Rating 2: Stability

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

- ◆ Child has **optimal stability** in home and school settings and enjoys positive and enduring relationships with parents/caregivers, key adult supporters, and peers in those settings. Only age appropriate changes are expected in school settings.
- ◆ Child has **substantial stability** in home and school settings with no disruptive changes in either during the past year or since DCFS started services (if less than 12 months). The child has established positive relationships with parents/caregivers and peers in those settings. Only age appropriate changes are expected.
- ◆ Child has **minimally acceptable stability** in home and school settings. The child has established positive relationships with parents/caregivers and peers in those settings. Only adoption or age-appropriate school changes may be expected in the next year. Stability is minimally adequate given the current level of intervention or supports.
- ◆ Child has **inadequate stability** in home and/or school settings and is at elevated risk of disruption. The child and current caregiver need added supports and services to maintain stability. Further disruptions could occur within the next year. Causes of disruption are known, but services are not working effectively to resolve the issues causing disruptions.
- ◆ Child has **substantial and continuing problems of stability** in home and/or school settings with two or more changes in either or both settings within the past year. Repeated disruptions have resulted in changes of parents/primary caregivers. Further disruptions are likely to occur within the next year. Causes of disruption are known, but services are not adequately or realistically addressed in current plans or current plans are not being implemented on a timely and competent basis.
- ◆ Child has **serious and worsening problems of stability** in home and/or school settings with three or more changes in either or both settings within the past year. Repeated disruptions have resulted in many changes of primary caregivers. Further disruptions are likely to occur within the next year. Causes of disruption are complex and are not adequately or realistically addressed and/or current services are not being implemented on a timely and competent basis.

6

5

4

3

2

1

List the Reasons or Facts That Lead Your Rating Decision.

Status Review 3: Appropriateness of Placement

APPROPRIATENESS OF PLACEMENT: Is the child in the most appropriate placement consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

The natural or home community for a child usually is the one into which he/she is born. Home community involves one's birth family, culture, village or neighborhood, closest school, and peer group. A child's home community is the context for his/her family support network and school support network. His/her home community is the source of one's identity, culture, sense of belonging, and connections with those things that give meaning and purpose to life. **A child's home community is the least restrictive, most appropriate, inclusive setting in any routine location in which the child may live, learn, work, and play.** A child should be supported and maintained in his/her home community. If a child's life is temporarily disrupted due to resolvable safety problems in the family home or by needs that require specialized treatment for a specific and limited time in another location, the child should be restored with necessary supports as quickly as possible to his/her natural community. If a child's home and family situation does not permit the child to return home after removal for safety reasons, then that child should be provided a safe, appropriate, and permanent home as quickly as possible so that natural social supports can be developed for that child in a new home, neighborhood, school, and community. **If this is a Native American child, ICWA requirements must be followed when selecting a placement.** Within the school context, a child with special needs should be educated to the greatest extent possible in an inclusive setting.

Child/Family Status Probes for Review Use

1. Is the child in the most appropriate living arrangement consistent with the child's needs, age, ability, culture, and peer group?

☐ Yes ☐ No

- ☐ The child is placed with his/her siblings, if appropriate.
- ☐ The child is in the least restrictive setting for his/her needs.
- ☐ The placement provides appropriate levels of supervision and support.
- ☐ The placement is appropriate for the child's developmental stage.
- ☐ The child is placed with children of the same age/peer group.
- ☐ The placement is appropriate for the child's special needs.
- ☐ The child is placed with people of the same culture and language.
- ☐ The child has opportunities for socialization with community peers.
- ☐ **The Native American child is placed according to ICWA requirements.**

2. Is the child in the most appropriate educational placement consistent with the child's needs, age, ability, culture, and peer group?

☐ Yes ☐ No ☐ NA

- ☐ The child is in the least restrictive setting for his/her needs.
- ☐ The placement provides appropriate levels of supervision and support.
- ☐ The placement is appropriate for the child's developmental stage.
- ☐ The child is placed with children of same age/peer group.
- ☐ The placement is appropriate for the child's special needs.
- ☐ The child is placed with people of the same culture and language.

Other Concerns not Listed

Status Rating 3: Appropriateness of Placement

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
♦ Child is living in the least restrictive, most appropriate placement necessary to meet all of the child's needs. The placement is optimal for the child's age, ability, and peer group.	6 <input type="text"/>
♦ Child is living in the least restrictive, most appropriate placement necessary to meet all of the child's substantial needs. The placement is substantially consistent with the child's age, ability, and peer group.	5 <input type="text"/>
♦ Child is living in the least restrictive, most appropriate placement necessary to meet the most important needs of the child. The placement is minimally consistent with the child's age, ability, and peer group.	4 <input type="text"/>
♦ Child is not living in the least restrictive, most appropriate placement necessary to meet his/her needs. The placement is partially inadequate for the child's age, ability, and/or peer group, but there are realistic plans to transition the child shortly to a more appropriate placement necessary to meet his/her needs.	3 <input type="text"/>
♦ Child is living in a substantially inadequate placement for his/her needs, age, ability, and peer group. He/she is living in a more restrictive placement than is necessary to meet his/her needs. There are plans to transition the child to a more appropriate placement, but the timeliness remains uncertain.	2 <input type="text"/>
♦ Child is living in a completely inadequate placement for his/her needs, age, ability, and peer group. Child is living in a much more restrictive placement than is necessary to meet his/her needs. There are no plans to transition the child to a more appropriate placement necessary to meet his/her needs.	1 <input type="text"/>

List the Reasons or Facts That Lead to Your Rating Decisions.

Status Review 4: Prospects for Permanence

PROSPECTS FOR PERMANENCE: • Is the child living with caregivers that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? • If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

Every child is entitled to a safe, secure, appropriate, and permanent home. Families and children are entitled to a permanent plan in a timely manner. A child removed from his family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. Intensive services and timely family reunification should be provided, where indicated. Other permanency plans should be implemented immediately when reunification is determined not to be possible. Such a determination should be made in a timely manner after appropriate intensive services and any planned reunification efforts have proven unsuccessful or inappropriate. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. For an older youth, extended foster care, an independent living program, or independent living setting may serve as a permanent home. Permanency is achieved when the child is living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent. Evidence of permanency includes resolution of guardianship, adequate provision of necessary supports for the caregiver, and the achievement of stability in the child's home and school settings. **Thus, safety, stability, and adequate caregiver functioning are co-requisite conditions of permanency for a child or youth.** Permanency, commonly identified with the meaning of "family" or "home" suggests not only a stable setting, but also stable caregivers and peers; continuous supportive relationships and some level of parental/caregiver commitment and affection. **Because of the nature of congregate settings, with frequent turnover of caregivers, time limited stays, serial peer groups, conditional commitment and unreliable personal caring relationships; placements in congregate settings cannot be judged to achieve an acceptable permanency rating.** An exception to this would be, if a child is still placed in a congregate setting at the time of review, but everyone is ready to move the child to a safe, appropriate, and permanent family setting and the team agrees that the current placement and plan will produce permanency (see scoring definition for 4).

Child/Family Status Probes for Review Use

1. Is the child living with caregivers that the child, caregivers and caseworker believe will endure until the child becomes independent?

- ☐ Yes ☐ No If No, why? _____
- ☐ Yes ☐ No Is the child satisfied with this home?
- ☐ Yes ☐ No Is the caseworker satisfied with this home?
- ☐ Yes ☐ No Are all legal barriers to achieving permanency resolved? (e.g., child is legally free)
- ☐ Yes ☐ No Are caregivers capable, supported, and satisfied?
- ☐ Yes ☐ No Does the caregiver accept/understand the legal responsibilities of caring for this child?

2. If the child does not live with permanent caregivers yet and the permanency goal is reunification, are reunification services being provided?

- ☐ Yes ☐ No If **No**, why? _____
- If **Yes**, answer the following questions:
- ☐ Is there a clear permanency plan? Is it being implemented?
- ☐ Has the current goal remained unachieved for more than 12 months?
- ☐ If the child is not returning home, has there been a permanency hearing?
- ☐ Do the child, family, and caseworker support the permanency plan?
- ☐ Is there concurrent planning (formal or informal)?

3. If the child does not live with permanent caregivers yet and the permanency goal is adoption or guardianship, is the permanency plan being implemented?

- ☐ NA ☐ Yes ☐ No If Yes, answer the following questions:
- ☐ Is DCFS actively seeking an adoptive/ guardianship placement?
- ☐ Do the child, family, and caseworker support the permanency plan?
- ☐ Has the current goal remained unachieved for more than 12 months?
- ☐ Was kinship placement considered? Did DCFS make reasonable efforts to locate possible kinship placement?

Other Concerns not Listed

Status Rating 4: Prospects for Permanence

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

- | | | |
|---|----------|--------------------------|
| ♦ Child has optimal permanence . The child has achieved legal permanency and lives in a family setting that the child, caregivers and all team members have evidence will endure until the child becomes independent. If the child lives at home with his parents, identified risks have been eliminated and stability has been sustained over time. | 6 | <input type="checkbox"/> |
| ♦ Child has substantial permanence . The child lives in a family setting (his/her own or that of a substitute caregiver) that the child, caregivers, worker and core team members have confidence will endure until the child reaches maturity. A plan is implemented that supports that confidence because safety and stability have been achieved. Or in a Foster Care case, there is agreement that adoption/guardianship issues will be imminently resolved. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are committed to the plan. | 5 | <input type="checkbox"/> |
| ♦ Child has minimally acceptable permanence . - The child lives in a family setting that the child, caregivers, worker and core team members expect will endure until the child reaches maturity. They are successfully implementing a well-crafted plan that supports that expectation because safety and stability are being achieved. If in an adoptive family, adoption/guardianship issues are being resolved. - OR - The child is still living in a temporary placement, but child, caregivers, caseworker, and other team members are ready to move the child to a safe, appropriate, and permanent family setting. Readiness for permanency is evident because a realistic and achievable child and family plan is being implemented, a permanent home has been identified, and the transition is being planned for. The team agrees that the prospective placement and plan will produce permanency because the youth is receiving what the youth needs for implementing the actual permanency goal and the parents or future permanent care giver is receiving preparation for receiving the youth. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are committed to the plan. | 4 | <input type="checkbox"/> |
| ♦ Child has inadequate permanence . The child lives in a home that the child, caregivers, worker and some other team members are hopeful could endure until the child reaches maturity, and they are working on crafting a plan that supports that hope by attempting to achieve safety and stability. - OR - The child is living on a temporary basis with a substitute caregiver, but likelihood of reunification or finding another permanent home remains uncertain. If in an adoptive family, adoption/guardianship issues are being assessed. For children old enough to make a responsible judgment, the child and caregiver (in all cases) are considering the plan. | 3 | <input type="checkbox"/> |
| ♦ Child has substantial and continuing problems of permanence . The child is living in a home that the child, caregivers, and caseworker doubt could endure until the child becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. - OR - The child remains living on a temporary basis (more than 9 months) with a substitute caregiver without a clear, realistic, or achievable permanency plan being implemented. | 2 | <input type="checkbox"/> |
| ♦ Child has serious and worsening problems of permanence . The child is moving from home to home due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the child. - OR - The child remains living on a temporary basis (more than 18 months) with a substitute caregiver without a clear, realistic, or achievable permanency plan being implemented. | 1 | <input type="checkbox"/> |

List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 5: Health/Physical Well-Being

HEALTH/PHYSICAL WELL-BEING: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that **basic physical needs** for proper nutrition, clothing, shelter, and hygiene are met on a daily basis. Proper **medical and dental care** (preventive, acute, chronic) is necessary for maintaining good health. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. **Physical well-being encompasses both the child's physical health status and access to timely health services.** Children who have chronic health conditions requiring special care or treatment should have a **level of attention commensurate with that required to maintain and improve health status.** Special care requirements may include nursing, physical therapy, adaptive equipment, therapeutic devices and treatments (e.g., medications, suctioning, etc.). Delivery of these services may be necessary in the child's daily settings including the school and home. The central concern here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. Adult caregivers and professional interveners in the youth's life bear a responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

Child/Family Status Probes for Review Use

1. Is the child in good health with access to health care services?

☐ Yes ☐ No If NO, what is missing? Check all that apply.

- ☐ Regular medical check-ups and screenings.
- ☐ Regular dental care.
- ☐ Up-to-date immunizations.
- ☐ Prompt access to acute care, when needed.
- ☐ Continuous access to care and treatment of chronic conditions, if needed.

2. Are the child's needs for food and shelter met, including physical care?

☐ Yes ☐ No If NO, what is missing? Check all that apply.

- ☐ Food and adequate nutrition.
- ☐ Safe and sanitary housing.
- ☐ Physical care (hygiene, grooming)

3. If the child has physical health problems, is he/she making

progress with symptom reduction and improved condition?

- ☐ Yes ☐ No Indicate which statements below apply to this child.
- ☐ The child receives consistent services.
- ☐ Symptoms are diminishing and condition is improving.
- ☐ If any physical health problems were identified is the child receiving appropriate treatment by qualified professionals?
- ☐ If the child is taking medication(s) long term, is the effectiveness of the medication monitored regularly by the prescribing physician?

Other Concerns not Listed

Status Rating 5: Health/Physical Well-Being

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

- ◆ Child enjoys **optimal health status**. All of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis. Routine preventive medical (e.g. immunizations, check-ups, and developmental screening) and dental care is provided on a timely basis. All acute or chronic health care needs are identified and met on a timely and adequate basis, including necessary follow-ups and required treatments.
- ◆ Child is in **substantially good health**. The child's physical needs are generally met on a daily basis. The child's status is good. Routine health and dental care are generally provided, but not always on schedule. Acute or chronic health care is generally adequate but follow-ups or required treatments may be missed or delayed occasionally.
- ◆ Child has **minimally acceptable health status**. The child's physical needs are minimally met on a daily basis. The child's health status is good. Routine health and dental care are minimally provided, but not always on schedule. Some immunizations may not have occurred. Acute or chronic health care is generally adequate but follow-ups or required treatments may be missed or delayed, but are not life threatening.
- ◆ Child has **physical or health care needs** that are not adequately met. The child's physical needs for food, shelter, hygiene, or clothing are not always consistently met. The child's nutritional or physical status is problematic. Routine health and dental care is not always adequately provided. Some immunizations have not occurred. Acute or chronic health care is sometimes inadequate and/or follow-ups or required treatments have been missed or delayed, but is not immediately life threatening.
- ◆ Child has **substantial and continuing physical or health care needs** that are unmet. The child's physical or health care needs are chronically or consistently unmet resulting in ongoing hygiene, nutrition, or health problems that cause the child to suffer from poor health status that is affecting the child's development and/or ability to perform in school. Further neglect could lead to physical deterioration or disability.
- ◆ Child has **serious and worsening physical or health care problems**. The child's physical or health care needs are unmet resulting in ongoing and worsening health problems. These problems are causing the child to suffer from poor and declining health status that is adversely affecting the child's development and/or ability to perform in school. Further neglect could lead to serious physical deterioration, disability, or death.

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List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 6: Emotional/Behavioral Well-Being

EMOTIONAL/BEHAVIORAL WELL-BEING: • Is the child doing well, emotionally and behaviorally? • If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

The nature and quality of a **child's circles of support** at school and home usually relate directly to the child's emotional and behavioral status in these essential settings. To do well in life a child should have a sense of (these come from social supports):

- Identity that connotes a feeling of **personal worth**.
- **Belonging and affiliation** with others in his/her support networks.
- Being capable of **participating** in major life activities and decisions that affect him/her.
- Feeling that his/her **life has meaning, purpose, and direction**.
- Being a **part of his/her culture** and its social supports.

Placement processes used by mental health, child welfare, or juvenile justice programs can seriously disrupt a child's social support networks. A **central concern** here is whether the child has and is benefiting from stable and supportive social networks that promote emotional well-being. For a child who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning in his/her home, school, and community, the child should be **receiving necessary services and demonstrating progress toward adequate functioning in normal settings**. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or mental health treatment.

Child/Family Status Probes for Review Use

1. **Is the child doing well emotionally and behaviorally at home and at school?** ☐ Yes ☐ No If not, what is missing? Check all that apply

Home	School	
<input type="checkbox"/>	<input type="checkbox"/>	Stable circle of supporters.
<input type="checkbox"/>	<input type="checkbox"/>	A best friend and a consistent caring adult.
<input type="checkbox"/>	<input type="checkbox"/>	Appropriate activities with friends.
<input type="checkbox"/>	<input type="checkbox"/>	Experience with success/mastery.
2. **If the child has presenting problems, has he/she had a mental health assessment?**
☐ Yes ☐ No
☐ Does he/she have a DSM IV diagnosis or school diagnosis?
☐ Are the recommendations of the assessment being followed?
3. **If the child has emotional and/or behavioral problems, is he/she making progress with symptom reduction and improved functioning?**
☐ Yes ☐ No Indicate which statements below apply to this child.
☐ The child receives consistent services.
☐ Symptoms are diminishing and functioning is improving.
☐ If any emotional/behavioral problems were identified is the child receiving appropriate treatment by qualified professionals?
☐ If the child is taking medication(s) for emotional/behavioral problems is the effectiveness of the medication monitored regularly by the prescribing physician?
4. **Is the youth demonstrating adequate personal responsibility in daily interactions, habits, and attitudes as appropriate to his/her age and ability?** (e.g., communicates thoughts and feelings in acceptable ways, abstains from behaviors that cause harm and/or are illegal, knows what is required to find and get a job, etc.)

Other Concerns not Listed

Status Rating 6: Emotional/Behavioral Well-Being

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

- ◆ Child shows **optimal emotional/behavioral well-being** in home and school settings and has enduring circles of support with parents/primary caregivers and friends in those settings. The child has been emotionally and behaviorally stable and functioning well and responsibly in daily settings for an extended length of time. Any necessary supports and services for emotional or behavioral needs are dependable and effective.
- ◆ Child shows **substantial emotional/behavioral well-being** in home and school settings and has generally positive circles of support with parents/primary caregivers and friends in those settings. The child is presently emotionally and behaviorally stable and functioning adequately and responsibly in daily settings, possibly with special supports and services that are working dependably for the child.
- ◆ Child shows **minimally acceptable emotional/behavioral well-being** in home and school settings and has developing or changing circles of support with parents/primary caregivers and friends in those settings. The child is doing marginally well emotionally and behaviorally, but has problems functioning consistently and responsibly in daily settings. Special supports and services are necessary and are minimally adequate. -OR- The child is stable in a special treatment setting and making reasonable progress toward discharge and return home.
- ◆ Child shows **unacceptable emotional/behavioral well-being** in home and school settings and lacks adequate circles of support with parents/primary caregivers and friends in those settings. The child has mild to moderate emotional and behavioral problems that adversely affect functioning and responsibility in daily settings. Special supports and services are necessary but are not provided or are inadequate. -OR- The child is minimally stable in a special treatment setting but is making little progress.
- ◆ Child has **substantial and continuing problems of emotional/behavioral well-being** in home and schools settings and lacks circles of support with parents/primary caregivers and friends in those settings. The child has moderate to serious emotional and/or behavioral problems that impair functioning and responsibility in daily settings. Special supports and services are necessary but are inadequate or ineffective. - OR - The child is unstable in a special treatment setting and not making progress.
- ◆ Child has **serious and worsening problems of emotional/behavioral well-being** in home and school settings and lacks circles of support with parents/primary caregivers and friends in those settings. The child has serious to life-threatening emotional and/or behavioral problems that limit functioning and cause restriction in community or institutional settings. Intensive supports and services are necessary and provided, but may be inadequate or ineffective. The child's emotional/behavioral condition is worsening.

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List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 7: Learning Progress

LEARNING PROGRESS: Is the child learning, progressing, and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

(For children age 5 and older) Each child is expected to be a learner who is actively engaged in developmental, educational, and/or vocational processes that are enabling the child to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. **Learning progress** is concerned not only with academic progress as indicated by grades and achievement test scores, but also with the acquisition and demonstration of functional capabilities in major life areas that are consistent with age and abilities. **Essential functional capabilities** include: self-care, mobility, communications, literacy, self-direction, caring relationships, community orientation, citizenship participation, employability, and independent living. These capabilities are necessary for participation in community life and fulfillment of normal adult roles. The **ultimate concern** is whether the child is learning and progressing at a rate that will enable him/her to become a responsible, competent, contributing citizen upon completion of public school. Children of normal ability should be reading at least 4th grade material with fluency, expression, and comprehension by age 10 and children with mild disabilities by age 14. Children with disabilities who are not functionally literate by age 14 (*Functionally literate = reads Reader's Digest fluently, follows a recipe, interprets a bus schedule, uses the Yellow Pages*) should be actively involved in vocational work programs that lead directly to work experience and job placement. Supports for living, learning, working, and socialization are required for some children who have major functional limitations due to disabilities, both during their public school experience and later in adult life. School-to-work is the goal for disabled children.

Child/Family Status Probes for Review Use

1. **Is the child attending school on a regular basis?**
☐ Yes ☐ No If NO, why not? Check all that apply.
☐ Health (child is out sick frequently, or has chronic health issues)
☐ Truancy (child skips class or does not come to school)
☐ Disciplinary action (child is frequently suspended or expelled)
☐ Dropped out of school
2. **Is this child at high risk of dropping out of school?**
☐ Yes ☐ No If YES, what actions are being taken to reduce risks?
3. **Is the child performing academic work at or above grade level?**
☐ Yes ☐ No If NO, what is the problem and what is being done?
☐ Is the child receiving special education classes or other services to improve academic performance (e.g., tutoring, mentoring, extended school year, etc.)
☐ Is the child making satisfactory progress?
4. **If the child was placed in DCFS custody, was there a Youth in Custody meeting?**
☐ Yes ☐ No
 Are the child's educational needs being addressed?
5. **If the child is in DCFS custody and is 16 or older, does he/she have an independent living plan?**
☐ Yes ☐ No
 If yes, has the youth started taking Independent Living classes? Is he/she making progress?
6. **If disabled and 14 years old or older, does the child have a current IEP (Individual Education Plan) and transition plan?**
☐ Yes ☐ No
 If YES, is it being implemented? If NO, why not?

Other Concerns not Listed

Status Rating 7: Learning Progress

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child

Rating Level

♦ Child is making optimal progress in all essential areas. The child is working at or above grade level and has literacy skills appropriate to his/her age. - OR - The child is making optimal progress on an IEP that will enable him/her to become literate, if within the child's ability range. If disabled, the child is making optimal progress in an appropriate alternative curriculum. - AND IF - The child is age 16 years or older, he/she is making excellent progress in the ILP program.	6	<input type="checkbox"/>
♦ Child is making substantial progress in most essential academic and functional areas, consistent with age and ability. - OR - The child is making substantial progress on an IEP that should enable the child to reach functional literacy. If disabled, the child is making substantial progress in an appropriate alternative curriculum. - AND IF - The child is age 16 years or older, he/she is progressing in the ILP program.	5	<input type="checkbox"/>
♦ Child is making minimal acceptable progress in key academic and functional areas and is no more than one grade level behind. - OR - The child is making partial progress on an IEP that should enable the child to reach functional literacy. If disabled, the child is making progress in an appropriate alternative curriculum. - AND IF - The child is age 16 years or older, he/she is making minimally acceptable progress in the ILP program.	4	<input type="checkbox"/>
♦ Child is making unacceptable progress in some key academic and functional areas and is more than one year behind grade level but no more than two. May have an undiagnosed learning disability. - OR - The child is not making adequate progress via an IEP necessary to reach functional literacy. If disabled, the child is not making acceptable progress in an appropriate alternative curriculum. - AND IF - The child is 16 or older, illiterate or disabled, he/she is not in a work-study program leading directly to employment.	3	<input type="checkbox"/>
♦ Child is far behind and not progressing in key academic, functional, or vocational areas. - OR - The child is not attending school regularly or is temporarily suspended. - OR - The child is illiterate and has no work skills or experience.	2	<input type="checkbox"/>
♦ Child is far behind and regressing , losing existing skills, and/or expelled from school, confined in detention without appropriate instruction, or hospitalized. The child may be illiterate and/or have no work skills or experiences necessary for employment.	1	<input type="checkbox"/>
♦ Not Applicable (child is under five/not school age).	NA	<input type="checkbox"/>

List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 8: Learning/Development Progress

(for children under age five)

DEVELOPING/LEARNING PROGRESS: Is the child (under age five) developing, learning, progressing, and gaining skills at a rate commensurate with his/her age and ability?

Each child is expected to be actively engaged in developmental and educational processes that enable the child to develop the skills and functional capabilities at a rate and level consistent with his/her age and abilities. Essential functional capabilities include: walking/ mobility, talking/communicating, toileting, following simple and more complex directions, independent/parallel/ cooperative play, independent dressing, color recognition, etc. Developmental milestones include crawling at about age nine months, walking by 15 months, saying/signing a few words by about 18 months, having a vocabulary of about 50 words by two years, and following simple two-part commands at about three years. Children over age three should be developing readiness for beginning academic skills. Children who have developmental delays or physical limitations should be receiving the necessary supports to maximize their development.

Child/Family Status Probes for Review Use

1. Has the child reached appropriate developmental milestones commensurate with his/her age and ability?
2. If the child is over age two, is she/he talking/communicating (e.g. signing, gesturing) to others so she/he can communicate his/her needs?
3. Is the child developing behaviors (e.g., sharing, playing) appropriate to his/her age, keeping in mind the child's abilities, cultural background, and life experiences?
4. If the child has a documented developmental delay,
 - does this child have a current IFSP (Individual Family Support Plan) or an IEP (Individual Education Plan)? ☐ Yes ☐ No
 - are the services listed on the IFSP/IEP being provided at an intensity/frequency necessary to support the development of essential skills? ☐ Yes ☐ No
5. If a need for early intervention services has been identified in the assessment, is the child receiving these services (enrolled in an early intervention program such as Head Start or preschool, or receiving services from individual therapists or qualified professionals) to support his/her development?
6. If the child requires special support, are these supports provided (such as sign language training, communication board, wheelchair) to support the child's development? (Sometimes foster parents are qualified to provide special supports and services.)

Other Concerns not Listed

Status Rating 8: Learning/Development Progress

(for children under age five)

Description and Rating of the Child's Current Status

<u>Description of the Status Situation Observed for the Child</u>	<u>Rating Level</u>
<ul style="list-style-type: none"> Child is making optimal progress. This child is developing the fundamental skills and competencies commensurate with his/her age and ability. The child receives all necessary services to support his/her development. If the child has an ISFP or an IEP, he/she is receiving all the services and supports listed in the plan. 	<div>6</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Child is making substantial progress in most areas, consistent with age and ability. Most, but not all necessary supports/services are being provided. 	<div>5</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Child is making minimally acceptable progress in most areas, consistent with age and ability. Some necessary services are provided, but not all, or not at the frequency/intensity necessary. 	<div>4</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Child is making unacceptable progress in some key developmental/functional areas, based upon his/her age and ability, because necessary supports are not being provided. Child may have a learning impairment that hasn't been assessed yet and interferes with his/her development because necessary supports are not being provided. 	<div>3</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Child is far behind and not progressing in key developmental, functional and learning areas based on his age and ability. If the child has an IFSP or IEP, he/she is not receiving the necessary services or receives services at such a minimal level that the child cannot progress. 	<div>2</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Child is far behind and regressing, losing skills once achieved because needs have not been identified and services have not been provided. 	<div>1</div> <input type="checkbox"/>
<ul style="list-style-type: none"> Not Applicable (child is age five or older). 	<div>NA</div> <input type="checkbox"/>

List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 9: Caregiver Functioning

(for children living in substitute care)

CAREGIVER FUNCTIONING: • Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? • If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

The child's foster parents, group home and residential facility staff are considered to be the substitute caregivers for the child; so are relatives who care for the child while reunification services are provided to the family of origin. The substitute caregivers responsible for the child should have the **capacities, availability, and willingness** to meet the child's basic care and development needs reliably on a daily basis. This expectation applies to a child who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a child may increase demands on the time, attention, skill, financial resources, and patience required of caregivers for the child's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the child and extend the capacities of the caregiver. When the child's substitute caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the child. Expectations of adequate caregiver functioning and support apply to children living in a foster home or with extended family and to care staff in a group living situation.

Child/Family Status Probes for Review Use

Other Concerns not Listed

1. Can the substitute caregiver perform necessary parenting functions reliably?

- ☐ Yes ☐ No If YES, check statements that apply. If No, explain.
- ☐ The caregiver performs parenting functions willingly, adequately, consistently on a daily basis for this child and for other children at home, including:
- ☐ The home is free of hazards that might endanger the children.
 - ☐ All children in the home are adequately supervised. The caregiver is able to arrange for adequate childcare.
 - ☐ The children are attending school on a daily basis and doing their homework.
 - ☐ Substitute caregivers are attending parent-teacher conferences and special school events.
 - ☐ Caregivers use praise, affection, emotional support, and age-appropriate discipline.
 - ☐ The caregiver is accessing and using necessary community resources.
 - ☐ Caregiver follows the child and family plan, attends required meetings and transports the child to his/her appointments.
 - ☐ Caregiver/staff meets this child's parenting needs and/or special needs.

2. Is there anything that might impair the caregiver's functioning?

- ☐ Yes ☐ No If YES, indicate and explain the reasons.
- ☐ Exceptional demands in the home (such as small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, or social isolation).
- ☐ The caregiver has problems of substance abuse.
 - ☐ The caregiver has a physical or mental disability.
 - ☐ The caregiver has a history of domestic violence.

3. If the caregiver's functioning is not adequate, are added supports being provided to meet the child's needs?

- ☐ Yes ☐ No Explain either answer.

Status Rating 9: Caregiver Functioning

(for children living in substitute care)

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level	
♦ Child receives optimal caregiving in his/her out-of-home placement and benefits from competent, consistent, and caring parenting. Where necessary, any extraordinary demands placed on the caregiver are balanced with training, practical assistance, support, and relief to meet the needs of the child and maintain the stability of the home.	6	<input type="checkbox"/>
♦ Child receives substantially adequate caregiving in his/her out-of-home placement and has generally competent and caring parenting. Where necessary, any extraordinary demands placed on the caregiver are supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home.	5	<input type="checkbox"/>
♦ Child receives minimally adequate caregiving in his/her out-of-home placement and has marginally competent and caring parenting. Where necessary, any extraordinary demands placed on the caregiver or functional limitations of the caregiver are aided with training, practical assistance, in-home supports, and possibly protective supervision to meet the needs of the child and maintain the stability of the home.	4	<input type="checkbox"/>
♦ Child is experiencing problems of caregiving adequacy in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the caregiver are not adequately supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Some necessary caregiver supports and services are not available, dependable, or effective. Risks to the child are minor.	3	<input type="checkbox"/>
♦ Child has substantial and continuing problems of caregiving adequacy in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the caregiver are not adequately supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Several necessary caregiver supports and services are not available, dependable, or effective. Risks to the child are moderate.	2	<input type="checkbox"/>
♦ Child has substantial and worsening problems of caregiving adequacy in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the caregiver are not supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Necessary caregiver supports and services are not available, dependable, or effective. Risks to the child are substantial.	1	<input type="checkbox"/>
♦ Not Applicable (child does not live in substitute care).	NA	<input type="checkbox"/>

List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 10: Family Functioning & Resourcefulness

(For children living at home or having a goal of reunification)

FAMILY FUNCTIONING AND RESOURCEFULNESS: • Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? • Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with the assistance, supervision, and support necessary for daily living?

The goal of assisting a family is for the family to become self-directed and to build the capacities necessary for its members to live safely and for the family unit to function successfully with the basic and special needs of all members adequately met. Indicators that the family has the necessary capacities include:

- Being aware of family strengths and needs.
- Moving from denial to acceptance and action on issues that cause safety problems, instability, or conflict in the home.
- Setting and achieving important goals by members, e.g., sobriety, employment, school attendance and promotion for the children.
- Finding ways to meet fundamental family needs; e.g. income, housing, transportation, health care, food, child care.
- Finding ways to meet extraordinary demands placed on caregivers and to meet special needs of family members.
- Making self-referrals to helping agencies able to assist families to reach their goals.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.

Family intervention and support efforts should lead to progress in these areas with immediate improvements in family safety and more gradual improvements in areas of family functioning.

Determine from Informants, Plans, and Service Records

Facts used in Rating Status

1. Can the family with whom the child is living or has a goal of reunification perform necessary parenting functions adequately, reliably, and consistently on a daily basis for this child and other children at home?

- ☐ Is the family home free of hazards that might endanger the children?
- ☐ Are all the children in the home adequately supervised?
- ☐ Are the children attending school on a daily basis and doing their homework?
- ☐ Do parents attend parent-teacher conferences and special school events?
- ☐ Do parents attend the visits with their children (if they are placed out-of-home)?
- ☐ Do parents use praise, show affection and emotional support, and use age appropriate discipline?

2. Is there anything that might impair the family's functioning such as substance abuse, physical and mental disability, domestic violence, cultural or language barriers?

Are there extraordinary demands placed on the caregiver of this family such as small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, or social isolation? If yes, indicate and explain the reasons.

3. Is the family building, extending, and using the following resources, supports and social networks? Are these resources and supports ongoing and sustainable?

- ☐ income & housing ☐ transportation ☐ adult key supports (mentors)
- ☐ healthcare & childcare ☐ extended family, friends and neighbors ☐ faith community

Status Rating 10: Family Functioning & Resourcefulness

(for children living at home or having a goal of reunification)

Description and Rating of the Family's Current Status

Description of the Status Situation Observed for the Child	Rating Level	
<p>♦ Optimal Functioning and Resourcefulness. Family members are in control of the family's issues and situation. Fundamental family needs are being met by the family and its network of support. The family is well connected to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands on caregivers are effective and sustainable. Trusting relationships have been developed. The family home is safe and well-functioning.</p>	6	<input type="checkbox"/>
<p>♦ Substantially Acceptable Functioning and Resourcefulness. Family members are taking control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is developing connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being developed and put into place. Trusting relationships are being developed. Safety concerns are adequately managed and the home is becoming well-functioning.</p>	5	<input type="checkbox"/>
<p>♦ Minimally Acceptable Functioning and Resourcefulness. Family members are beginning to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being planned and developed. Trusting relationships are recognized as being important and are being developed for some family members. Safety concerns are adequately managed and efforts to improve functioning are beginning.</p>	4	<input type="checkbox"/>
<p>♦ Partially Unacceptable Functioning and Resourcefulness. Family members are not ready to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on caregivers are being assessed. Trusting relationships are yet to be developed with some family members and supporters. Some safety concerns remain in the home and efforts to improve functioning are planned.</p>	3	<input type="checkbox"/>
<p>♦ Substantial and Continuing Problems of Functioning and Resourcefulness. Family members are not ready to take control of the family's issues and situation. Some fundamental family needs are unmet. The family remains isolated from and distrusting of natural supports in the extended family and community. Cultural and/or language barriers exist for family connections. Supports for any extraordinary demands placed on caregivers are missing. Safety concerns in the home remain and efforts to improve functioning are not planned.</p>	2	<input type="checkbox"/>
<p>♦ Substantial and Worsening Problems of Functioning and Resourcefulness. Family members are unable to control family issues and the situation is worsening. Some fundamental family needs are unmet. The family remains isolated from and distrusting of natural supports in extended family and community. Cultural and/or language barriers exist for family connections. Supports for any extraordinary demands placed on caregivers are missing. Safety concerns in the home are increasing and efforts to improve functioning may be stalled.</p>	1	<input type="checkbox"/>
<p>♦ Not Applicable (child does not live at home and has no goal of reunification)</p>	NA	<input type="checkbox"/>

List the Reasons or Facts That Lead to Your Rating Decision.

Status Review 11: Satisfaction

SATISFACTION: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving? (For children age 12 and older, parent, and substitute caregivers)

Satisfaction includes the views of the parents/guardians, substitute caregiver(s) and the child who is the focus of the review. If the child lives with his/her parents, relatives, foster parent, or group home parent, then that person's views are solicited. Satisfaction is concerned with the degree to which the child and parents receiving services believe that those services are appropriate for their needs, respectful of their views and privacy, convenient to receive, tolerable (if imposed by court order), pleasing (if voluntarily chosen), and ultimately beneficial in effect. Satisfaction extends to:

- **Participation** in decisions and plans made for the benefit of the child and his/her caregiver.
- Feelings of **respect** for their views and preferences in the planning and delivery of services.
- Belief that a **good mix and match** of supports and services is offered that fits their situation well.
- Appreciation for the **quality/dependability** of assistance and support provided.
- Feelings that circumstances are better now than before or are **getting better** because of the supports and services.

Children and caregivers should be generally satisfied with services, taking into account that services may not always be voluntary.

Rating Statements to be used by Respondents

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I was treated with courtesy and respect.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The staff listened to my ideas and involved me in making decisions.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Phone calls were quickly answered and my messages were returned by the caseworker.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The staff helped me obtain the services I needed.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If I had a complaint, it was handled expediently and to my satisfaction.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I benefited from the services I received.					
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substitute caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Status Review 11: Satisfaction

7. What are the things that the child/parent/substitute caregiver was satisfied/dissatisfied with?

Description and Rating of the Child and Caregiver's Current Satisfaction

Description of the Status Situation Observed for the Child and Caregiver	Rating Level*
<ul style="list-style-type: none"> Respondent reports optimal satisfaction with current supports and services. The quality, fit, dependability, and results being achieved presently exceed a high level of consumer expectation. The respondent "couldn't be more pleased" with the service situation and his/her recent experiences and interactions with service personnel. 	<div>6</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>
<ul style="list-style-type: none"> Respondent reports substantial satisfaction with current supports and services. The quality, fit, dependability, and results being achieved generally meet a moderate level of consumer expectation. The respondent is "generally satisfied" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments are minimal. 	<div>5</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>
<ul style="list-style-type: none"> Respondent reports minimal satisfaction with current supports and services. The quality, fit, dependability, and results being achieved minimally meet a low to moderate level of consumer expectation. The respondent is "more satisfied than disappointed" with the service situation and his/her recent experiences and interactions with services personnel. Complaints and disappointments are present and continuing. 	<div>4</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>
<ul style="list-style-type: none"> Respondent reports mild dissatisfaction with current supports and services. The quality, fit, dependability, and results being achieved do not minimally meet a low to moderate level of consumer expectation. The respondent is "more disappointed than satisfied" with the service situation and his/her recent experiences and interaction with service personnel. Complaints and disappointments are recent. 	<div>3</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>
<ul style="list-style-type: none"> Respondent reports moderate and continuing dissatisfaction with current supports and services. The quality, fit, dependability, and results being achieved do not meet a low to moderate level of consumer expectation. The respondent is "consistently disappointed" with the service situation and his/her recent experiences and interactions with services personnel. Complaints and disappointments are present and continuing over time. 	<div>2</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>
<ul style="list-style-type: none"> Respondent reports substantial and growing dissatisfaction with current supports and services. The quality, fit, dependability, and results being achieved fail to meet any reasonable level of consumer expectation. The respondent is "greatly and increasingly disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments are long-standing and increasing in their scope and intensity. 	<div>1</div> <div> <input type="checkbox"/> Child <input type="checkbox"/> Parent/guard <input type="checkbox"/> Caregiver </div>

List the Reasons or Facts That Lead to Your Rating Decision.

*) A "rounded down" average of parent, caregiver, and child satisfaction is taken to determine the overall score.

Status Review 12: Overall Child Status

OVERALL CHILD STATUS SCORING PROCEDURE

There are 10 examinations to be conducted in the area of Child Status. Each exam produces a finding reported on a 6-point rating scale with scale values of 1-3 being in the unacceptable range and values 4-6 being in the acceptable range. An “overall rating” of Child Status is based on the findings determined for the Child Status examinations using the following scoring procedure to determine an “overall rating value” on 1-6 scale. **Safety is a “trump” exam meaning that Overall Child Status is ACCEPTABLE only when SAFETY is rated in the 4-6 range.** This procedure is performed after rating results are produced for all 10 exams: 1) Begin by transferring the rating value for each exam from the protocol exam page to the calculation table below; 2) Next, multiply the rating value for each exam by the weighting value in the table to produce a weighted score for the exam; 3) Sum the weighted values of all exam scores to produce a total score; 4) Note whether the **SAFETY** exam was rated as “acceptable” having a rating score in the 4-6 range 5) Follow the instructions that follow the calculation table to assign the OVERALL CHILD STATUS RATING for this child.

Rating	Weight	Score	Examination Status Indicator
_____	x3	_____	SAFETY (of the child) If rated 3 or less, Overall Child Status will be Unacceptable
_____	x2	_____	Stability
_____	x2	_____	Appropriateness of placement
_____	x3	_____	Permanency
_____	x3	_____	Health/physical well-being
_____	x3	_____	Emotional/behavioral well-being
_____	x2	_____	Learning progress - OR - Developing/learning progress (under age 5)
_____	x2	_____	Caregiver functioning (substitute caregiver)
_____	x1	_____	Family functioning and resourcefulness
_____	x1	_____	Satisfaction
TOTAL SCORE		_____	

NOTE: Ask Office of Services Review personnel for assistance to complete the scoring.

Rating of the Overall System Performance for the Child

- **Optimal Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY rating.
- **Substantially Acceptable Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY rating.

Rating Level

6	<input type="text"/>
5	<input type="text"/>
Green Zone	

- **Minimally Acceptable Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY rating.
- **Partially Unacceptable Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores. If SAFETY is less than 3, then the OVERALL RATING equals the SAFETY rating.

4	<input type="text"/>
3	<input type="text"/>
Yellow Zone	

- **Substantially Unacceptable Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores. If SAFETY is rated “1,” then lower the OVERALL RATING to “1.”
- **Completely Unacceptable Status.** Due to scoring variability, such as N/As, see the Office of Services Review for exact scores.

2	<input type="text"/>
1	<input type="text"/>
Red Zone	

*This blank page may be used to draw a family map,
eco map, or genogram of the target child's family*

System Review 1: Child and Family Participation

CHILD/FAMILY PARTICIPATION: • Are family members (parents, grandparents, step parents) or substitute caregivers active participants in the team meetings where service decisions are made about the child and family? • Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? • Is the child actively participating in decisions made about his/her future?

Whose plan and process is it—the service consumer's, funders', or the providers' plan? The **child and family should have a sense of personal ownership** in the plan and decision process. If not, the likelihood of its success is small. Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life. Service arrangements should build on the strengths of the child and family and should reflect their strengths, views, and preferences. If the child and family do not see arrangements as helpful and dependable, services offered are not likely to be beneficial. The socially-valued life dreams, ambitions, and peer group interests of an adolescent should be reflected in child and family plans and supported by providers.

The **central concern** of this is that the child and family be **active participants in shaping and directing service arrangements** that impact on their lives. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning, selection of providers, monitoring, modifications, and evaluation. **This is of particular importance if this is a Native American child who falls under ICWA requirements.** Allowance should be made when services are imposed by court order for the child or family rather than being voluntary. Child and family satisfaction may be a useful indicator of participation and ownership.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Do the child and family routinely participate in the assessment, planning, monitoring/modification of child and family plans, arrangements, and evaluation of results?

If not, what are the reasons/barriers? How did the worker try to involve the family members in the service process?
2. Were other people involved in the service process? If so, who and to what extent (extended family, neighbors, friends, community members)?
3. How are child and family strengths and preferences reflected in assessments, plans, and provided services?
4. Are the child and family kept fully informed about the current status of service plan implementation, barriers, and emerging issues?
☐ The youth and parents know the service objectives.
☐ The child and family know their service providers by name and personal experience. (In some instances it is not appropriate for some parents to know the foster parents' name or address.)
☐ Service providers respond to child/family requests for assistance in a timely manner.

 If not, why not?
5. Does the family feel that their cultural values were respected throughout the service process?

If not, what are the reasons?

Facts Used in Rating Performance

System Review 1: Child and Family Participation

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- | | |
|---|---|
| <p>◆ Optimal Child and Family Participation. Key family members and/or the child's substitute caregiver(s) are full, effective, and ongoing participants in team meetings where assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results occur. Special accommodations or supports are offered as needed to assist participation. If age 12 or older and capable, the child assists in planning life goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">6</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |
| <p>◆ Substantial Child and Family Participation. Key family members and/or the child's substitute caregiver(s) are regular participants in team meetings where most aspects of assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results occurs. Meetings are scheduled at times convenient for family and caregiver, when needed. If age 12 or older and capable, the child participates in planning life goals, major activities, and service arrangements. Supports to facilitate participation are offered to child and family.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">5</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |
| <p>◆ Minimally Acceptable Child and Family Participation. Key family members and/or the child's substitute caregiver(s) have had some participation in team meetings. They have provided information used for assessment, planning services, and provided feedback about service satisfaction. If age 12 or older and capable, the child participates in planning service objectives and deciding between attractive and appropriate service options offered by funders and providers. Special accommodations to facilitate participation are made on some occasions, if requested by family or caregiver.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">4</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |
| <p>◆ Partially Unacceptable Child and Family Participation. Key family members and/or the child's substitute caregiver(s) are notified of child and family planning meetings. If age 12 or older and capable, the child is allowed to attend planning meetings and offer comments. Meetings are held at the convenience of funder or provider agencies. Participation is limited to planning activities and annual evaluation activities.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">3</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |
| <p>◆ Substantially Unacceptable Child and Family Participation. Key family members and/or the child's substitute caregiver(s) are notified late about child and family planning meetings. If age 12 or older and capable, the child is allowed to attend planning meetings. Meetings are held at the convenience of funder or provider agencies. Plans are made before the meetings and parents are expected to accept what is offered.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">2</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |
| <p>◆ Completely Unacceptable Child and Family Participation. Child and family planning and decision-making activities are conducted at times and places or in ways that prevent effective consumer participation. Decisions are made without the knowledge or consent of parents, caregivers, or the youth. Services are denied because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information is withheld from parents or caregivers. Procedural safeguards are violated.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">1</div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-left: 10px;"></div> |

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 2: Child and Family Team and Coordination

CHILD AND FAMILY TEAM AND COORDINATION: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

Child and family team members can be: teacher, therapist, tracker, GAL, daycare provider, peer parent, health care provider, and other paid service providers. Parents, family members, friends, and neighbors should also be part of the child and family team. Such team representation may be required to assure that a **necessary combination** of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act in behalf of funders and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/ family. **Team competence, authority, opportunity, and performance are essential.**

Team functioning and decision processes should be consistent with the practice model for the system of care. Collaboration among team members from different agencies is essential. **Evidence of team functioning lies in its performance over time and the results it achieves for the child and family.** The focus and fit of services, authenticity of relationships and commitments, dependability of service system performance, and connectedness of the child and family to critical resources all derive from the child and family team. Present child status, family participation, and achievement of effective results are important indicators about the functionality of the child and family team.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Does the caseworker and family regard the people providing services to the child/family as part of a team?
 - ☐ Involve the service providers in the decision making?
 - ☐ Get their opinion before making decisions?
 - ☐ Keep them informed about the status of the child and the implementation of planned services?
2. Do the people involved in this case feel like they are part of a child and family team? Do they feel like they are involved in the decision making and their input is being considered? (Probe: How much do the team members know about the family?)
3. Did the caseworker try to include in the team family members, friends, or neighbors who are actively participating in the child's life? If not, what are the reasons?
4. Do the actions of the team show a pattern of effective team work, commitment, and follow-through?
5. Has the team remained stable over the last six months (or since the case opened, if less than six months)?
6. Do the family members agree with the composition of the child and family team? Or do they feel that somebody is missing and should be included?
7. Is there a single point of coordination and accountability for implementing the child and family plan?
8. Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? If problems have emerged with coordinating services, what has been done to resolve these problems?
9. Does the child and family team meet and share information face-to-face?
10. Do the family members think that the team works together adequately?
11. Are professionals from different agencies effectively collaborating together and coordinating their planning process?

Facts Used in Rating Performance

System Review 2: Child and Family Team and Coordination

Description and Rating of Service System Performance

- ♦ **Optimal Team Functioning and Coordination.** The team contains all of the important supporters and decision makers in the child and family's life, including the family's informal supports. All team members report that they feel integral to the team and the family considers the team its own. Face-to-face family team meetings are held as frequently as the team sees the need and at critical points to develop short-term and long-term plans. Team members recognize and identify a single point of accountability. All team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. The team is clearly vital to moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed. The team is succeeding for the family.

6 ☐
- ♦ **Substantially Acceptable Team Functioning and Coordination.** The team contains most of the important supporters and decision makers in the child and family's life, including the family's informal supports. Most team members report that they feel integral to the team and the family considers the team its own. Child and family team meetings are held at critical points (i.e. transitions, service planning, crisis situations, etc.). The participation of all team members is encouraged, but if they are not attending the meeting their input and opinion was considered when making decisions. Team members recognize and identify a single point of accountability. Most team members share a common view of the issues affecting the child and family and have consensus on the case direction and goals. The team is vital to moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed.

5 ☐
- ♦ **Minimally Acceptable Team Functioning and Coordination.** The team contains some of the important supporters and decision makers in the child and family's life, most importantly the family. Most team members report that they are members of the team and the family believes it has influence in the team. Some child and family team meetings have been held (at least one). The participation of all team members is encouraged, but if they are not attending the meeting, their input and opinion was considered when making decisions. Team members recognize and identify a single point of accountability. Some team members share a common view of the issues affecting the child and family and agree on the case direction and goals. The team has begun laying a foundation for moving the work of the child and family plan forward. Services and supports are coordinated and modified by the team, as needed.

4 ☐
- ♦ **Partially Unacceptable Team Functioning and Coordination.** The team consists primarily of the worker and family, despite the existence of other important contributors. More team development is needed to create a cohesive team. The family may not be included in the decision-making and the team was developed without their participation. There are no face-to-face family team meetings or the meetings resemble agency staffings. Some information is shared among team members, but there is not yet a pattern or process within the team to routinely share information. The team has only a vague picture of the family's needs and a limited ability to track results. There is limited coordination and accountability for the service delivery and results and the single point of contact is unclear. The team has not developed the Child and Family Assessment, child and family plan, or the long-term view.

3 ☐
- ♦ **Substantially Unacceptable Team Functioning and Coordination.** There is not yet a complete team and no team meetings have been held. A team meeting may have been scheduled, but it has not yet occurred. The team was developed clearly without attempts to elicit family participation. The family is given a "to do" list and is not involved in any decision-making. The main mode of information sharing and coordination is limited to phone conversations and written material.

2 ☐
- ♦ **Completely Unacceptable Team Functioning and Coordination.** There is no team, or potential members have been identified but not yet formed into a team. There is little or no coordination and accountability and no single point of contact.

1 ☐

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 3: Child and Family Assessment

CHILD AND FAMILY ASSESSMENT: • Are the current, obvious, and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? • Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

The Child and Family Assessment is the evolving process the team uses to determine **what they need to know** so that the family can be successful and independent from DCFS services. The team synthesizes this knowledge as they go through the assessment sequence of gathering information, analyzing information, drawing conclusions and acting on those conclusions. The Child and Family Assessment is an **integrated part of a logical practice model sequence** of engagement, teaming with the family, assessment, service planning, and updating based on results or changed circumstances.

As appropriate to the child's and family's situation, a combination of clinical, functional, and informal assessment techniques should be used to determine the strengths, capabilities, needs, risks, and lifestyle preferences of the child and family. Once gathered, the information should be analyzed and synthesized (along with monitoring results) to form a comprehensive or "**big picture view**" of the child and family **and their social support networks at home, at school, and in the community**. Assessment techniques, both formal and informal, should be appropriate for the child's age, ability, culture, language or system of communication, and social support networks. New assessments should be performed promptly when child and family plan goals are met, when emergent needs or problems arise, or when changes are necessary. **New assessment findings should stimulate and direct modifications** in strategies, services, and supports for the child and family. Recent monitoring and evaluation results should be used to update the big picture view of the child and family situation.

Members of the child and family team, working together, should synthesize their assessment knowledge to form a **common big picture view** that provides a **shared understanding of the child and family's situation**. This provides a **common core of team intelligence** for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. **Developing and maintaining a useful big picture view** is a dynamic, ongoing process for the child and family team.

Determine from Informants, Plans, and School Records	Facts Used in Rating Performance
<p>Explanations required for every question.</p> <ol style="list-style-type: none"> What are the critical issues for the team to assess that will lead to the family's independence from DCFS and /or the child's permanence and well-being? Are the assessments appropriate and adequate for the family and child's age, culture, and communication abilities? Is there evidence the Child and Family Assessment evolved over the course of the case and had an appropriate impact on decisions and permanency and planning timeframes? Does the team meet on a consistently regular basis to address emerging issues? Do assessments cover functional areas: living, learning, working, and playing? Do assessments identify the primary caregiver's strengths, needs, and capabilities? Is the assessment evolving as a result of the work of the child and family team? Is there evidence of a continuous process? How did the team analyze the assessments and draw their conclusions? 	

System Review 3: Child and Family Assessment

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- ♦ **Optimal Child and Family Assessment.** The current, obvious, and important strengths and needs (including underlying needs) of the child and family are identified through assessments, monitoring results, and collected experiences of the child and family team. An ongoing and accurate "big picture" is synthesized by the team. Members of the team share a common understanding of the child and family necessary for unifying efforts, sharing resources, and assembling a good mix and fit of supports and services that is formalized in an accurate, updated document. Assessment is a continuously integrated part of the practice model sequence and addresses all major events and decisions.
- ♦ **Substantially Acceptable Child and Family Assessment.** A comprehensive set of strengths and needs, including major underlying needs of the child and family are identified through assessments, monitoring results, and collected experiences of the child and family team. An ongoing and accurate "big picture" is synthesized by the team. Members of the team share a common understanding of the child and family necessary for unifying service efforts, sharing resources, and assembling supports and services. Assessment is generally integrated as a part of the practice model sequence and addresses most major events and decisions.
- ♦ **Minimally Acceptable Child and Family Assessment.** Selected strengths and needs, including key underlying needs of the child and family are identified through formal and informal assessments and from progress notes of the child and family team. A periodic "big picture" is compiled by the team for planning purposes. Most members of the team have a basic common understanding of the child and family necessary for collaborative planning. Assessment is at least partially integrated with the practice model sequence and addresses critical events and decisions.
- ♦ **Partially Unacceptable Child and Family Assessment.** Selected strengths and needs of the child and family are identified through formal assessments, but some obvious and important needs, including underlying needs or preferences, are overlooked or excluded. A periodic "snapshot" is compiled by the team, but is limited in scope and detail. Some members of the team have a basic common understanding of the child and family necessary for collaborative planning, others do not. This picture for planning is misfocused or incomplete. Assessment is only partially integrated into the practice model sequence and misses critical events or decisions.
- ♦ **Substantially Unacceptable Child and Family Assessment.** Few important strengths and needs of the child and family are identified through assessments. Obvious and important underlying needs or preferences are overlooked or excluded. The team's understanding of the child and family is limited in scope, detail, and usefulness. Few if any members of the team have an understanding of the child and family necessary for collaborative planning. This picture for planning is misfocused, incomplete, or obsolete. Assessment is isolated from the practice model sequence and is poorly connected to critical events or decisions.
- ♦ **Completely Unacceptable Child and Family Assessment.** Important strengths of the child and family have not been identified through assessments. Essential strengths, underlying needs, risks, or preferences are unknown or misunderstood. Members of the team lack an understanding of the child and family necessary for collaborative planning. No current picture of the child and family exists for meaningful use in planning. Assessment appears irrelevant to the practice model sequence and misses critical events and decisions.

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List the Reasons or Facts That Lead to Your Rating Decision.

System Review 4: Long-Term View

LONG-TERM VIEW: • Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? • Does the plan provide direction and support for making smooth transitions across settings, providers, and levels of service?

Where is the child and family team headed with this child and family? Will this direction lead to this child being successful in daily settings after the next major developmental transition (e.g., from middle to high school or from school to work) or anticipated placement (e.g., the child's return from a residential treatment setting to his home and school) is made? Is there a sensible guiding view for services?

A long-term view is a **guiding strategic vision** used to set the purpose and path of intervention and support. It is used to focus a coherent child and family plan and process. It may be expressed as **strategic goals to focus and unify child and family planning efforts**, especially when multiple interveners are involved. **A long-term view anticipates and defines what the child must have, know, and be able to do** in order to be successful following his/her next major developmental or placement transition. Smooth and effective transitions require such a strategic vision and its fulfillment through the service process. To be acceptable, a long-term view must "fit" the child/family situation, **establish a common planning direction to be followed in the service process, and outline specific steps that will lead to the child and family living independent of DCFS intervention**. The long-term view should answer the questions of where the case is headed and why. For example, for a 14-year-old youth, the long-term view should answer the question: How, where, and with whom will this person be living, learning, working, and playing in the next three to five years? Meaningful answers to this question will provide a long-term view for the person.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Is there an explicit plan which should enable the family to live safely and independent from the child welfare system?
(For in-home cases)

Is there an explicit plan, which should enable the child to live in a permanent home in a timely manner? (For out-of-home cases)
2. Is this explicit plan part of the child and family plan?
3. If not, is there an implicit understanding of what will be necessary to enable the family to live safely and independent from DCFS and/or to enable the child to live in a permanent home in a timely manner?
4. Does the caseworker envision this plan being successful? If not, why not?
5. Does the plan provide direction and support for making smooth transitions across settings, providers, and levels of service?

Facts Used in Rating Performance

System Review 4: Long-Term View

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- ♦ **Optimal Long-Term View.** The child has an explicitly written LTV that is clearly and consistently articulated, shared, accepted and used among child and family team members. The LTV anticipates the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV reflects the strengths, ambitions, preferences, barriers, and needs of the child and family. The LTV builds upon past knowledge of the outcomes of recent transitions and is modified as experience is gained and circumstances change.
- ♦ **Substantially Acceptable Long-Term View.** The child has a written LTV or a set of strategic goals that is accepted, shared and used among child and family team members. The LTV anticipates the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV reflects the strengths, preferences, and needs of the child and family. The LTV builds upon past knowledge of the outcomes of the most recent transition and is modified as circumstances change.
- ♦ **Minimally Acceptable Long-Term View.** The child has a set of strategic goals that creates an implicit LTV that is accepted and used by child and family team members. The strategic goals address the child's next major transition and provide most of the steps and provisions to be successful when that threshold is crossed. The strategic goals reflect the strengths and needs of the child and family. The LTV is generally modified in reaction to changing circumstances. The guiding view formed by the strategic goals is the basis for the transition plan made for a disabled child who is age 14 years or older.
- ♦ **Partially Unacceptable Long-Term View.** The child has several goals but no common planning direction that is accepted and used by child and family team members. The goals address the child's next major transition and provide some simple steps and provisions that will increase the likelihood of a successful future transition. The goals reflect some of the family's strengths and needs and are sometimes modified as needed. The transition plan made for a disabled child who is age 14 years or older offers vague or general statements about future vocational services or referrals that may be made.
- ♦ **Substantially Unacceptable Long-Term View.** The child has goals that create different planning directions among child and family team members. The goals provide at least a few simple steps or provisions that could increase the likelihood of a successful future transition. The goals do not reflect the child and family's strengths and needs and they are not modified as circumstances change. The transition plan made for a disabled child who is age 14 years or older offers vague statements about exploring vocational services or making referrals to other agencies.
- ♦ **Completely Unacceptable Big Picture Assessment.** There is no common future planning direction that is accepted and used by child and family team members. Goals do not address requirements that would increase the likelihood of successful future transitions. - **OR** - No implementable transition plan is offered for a disabled child who is age 14 years or older about how the child will get from school to work and/or to needed adult services.

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List the Reasons or Facts That Lead to Your Rating Decision.

System Review 5: Child and Family Planning Process

CHILD AND FAMILY PLANNING PROCESS: • Is the child and family plan individualized and relevant to needs and goals? • Are supports, services, and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? • Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

Does this child/family have multiple plans, each developed by a separate funder or provider agency? Or, does the child/family have a single integrated plan that works as a comprehensive, dynamic service organizer that is focused by the long-term view for the child and family? **A cross-agency plan unifies the efforts of all interveners into a single, coherent set of purposes and processes** designed to help the child become successful in school and functional in life. The child and family plan specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and teacher. For the child to be successful at home and school, special supports may be necessary for the primary caregiver at home and for the teacher at school. Such supports should be addressed in the child and family plan, when indicated by the persons involved.

To be acceptable, a child and family plan should **be based on the big picture assessments, reflect the views and preferences of the child and family, be directed toward the achievement of strategic goals and success of the child, be coherent in design, be prudent in the use of natural and professional resources, be culturally appropriate, and be modified frequently** based on changing circumstances, experience gained, and progress made. It is the **vitality and intelligence of the planning process** that is of essence here, not the elegance of a written document. The written child and family plan is the collective intentions of the child and family team that simply states the path and process to be followed.

Determine from Informants, Plans, and School Records

Explanations required for every question.

1. Are all obvious and substantial needs addressed in the child and family plan?
If not, what is missing? Was there a reason for disregarding an obvious need?
2. Does the child and family plan directly address the needs and risks that brought the child to DCFS's attention?
3. Does the child and family plan build on the family's strengths and capabilities or focus only on their weaknesses? Does the plan reflect and support preferences of the child/family? If not, what are the reasons?
4. To what extent were the family members/caregivers involved in the creation of the child and family plan? Was the plan discussed with the family/caregivers before they signed it?
5. Is the strategic path and service process realistic? That is, does the combination and sequence of strategies, interventions, accommodations, supports, and services planned for this child and family make sense?
6. Is the child and family plan holistic in scope and coherent in design?
7. Are the services tailor-made and assembled uniquely for this child and his/her parents? How well does the current mix of services match the child/family situation, cultural background, and expressed preferences? (Please explain how services match the needs and preferences.)

Facts Used in Rating Performance

System Review 5: Child and Family Planning Process

Determine from Informants, Plans, and Records

8. Are child and family plan and service arrangements being modified as a result of progress made and changes in the child/family's situation? If not, what are the reasons/barriers? What steps are taken to overcome barriers?
9. Did all parties mentioned in the child and family plan receive a copy of the plan in a timely manner?

Facts Used in Rating Performance

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

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|--|---|--|
| <p>◆ Optimal Child and Family Planning Process. The child and family plan builds upon the big picture assessment and long-term view for the child and family. All necessary supports and services are assembled into a holistic and coherent service process having an excellent fit between the child/family situation and the service mix. Child/family preferences are reflected in the assembly of supports and services. The plan adapts quickly to changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">6</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>◆ Substantially Acceptable Child and Family Planning Process. The child and family plan reflects the big picture assessment and long-term view for the child and family. Essential supports and services are assembled into a holistic and sensible service process having a workable fit between the child/family situation and the service mix. Many child/family preferences are accommodated in the assembly of supports and services. The plan adapts to changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">5</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>◆ Minimally Acceptable Child and Family Planning Process. The child and family plan minimally reflects the big picture assessment and long-term view for the child and family. Basic supports and services are assembled into a sensible service process having a minimally acceptable fit between the child/family situation and the service mix. Some child/family preferences are considered in the assembly of supports and services. The plan adapts to the major changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">4</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>◆ Partially Unacceptable Child and Family Planning Process. The child and family plan does not reflect the big picture assessment and long-term view for the child and family. Some, but not all, basic supports and services are assembled into a sensible service process. The fit between the child/family situation and the service mix is poor or services are insufficient. Few child/family preferences are considered in the assembly of supports and services. The plan does not always adapt to the major changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">3</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>◆ Substantially Unacceptable Child and Family Planning Process. The child and family plan does not reflect the big picture assessment and long-term view for the child and family or works toward divergent or conflicting goals. Basic supports and services are not assembled into a sensible service process. The fit between the child/family situation and the service mix is poor and services are inadequate to meet identified needs. Child/family preferences have little if any influence in the selection of supports and services. The plan does not adapt to the major changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">2</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |
| <p>◆ Completely Unacceptable Child and Family Planning Process. The child and family plan works toward divergent and conflicting goals. Basic supports and services are not provided. The fit between the child/family situation and the service mix is unacceptable and services are woefully inadequate to meet identified needs. Child/family preferences did not influence the selection of supports and services. The plan does not adapt to any changes in life circumstances.</p> | <div style="background-color: black; color: white; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">1</div> | <input style="width: 30px; height: 30px; border: 1px solid black;" type="checkbox"/> |

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 6: Plan Implementation

PLAN IMPLEMENTATION: • Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? • Are the necessary supports, services, and resources available to the child and family to meet the needs identified in the plan?

To fulfill the **purpose and path of intervention** with the child and family, the provisions of the child and family plan have to be implemented via timely delivery of adequate services. Implementation involves the arrangement of supports and delivery services according to the child and family plan. **Acceptable provision of services** means that the agreed-upon strategies, supports, services, and other intervention activities are being delivered in a **timely and competent** manner, consistent with identified needs and preferences, and following the principles of the system of care. Thus, **timeliness** of service delivery, appropriate to the urgency of need, is an important criterion of acceptability. Delivery of services by persons having the necessary skills, resources, time, and opportunity to provide supports and services commensurate with the urgency and complexity of the child's needs and situation is essential for producing desired results.

To be adequate, the **intensity and consistency** of service delivery should be commensurate with that required to produce desired results for the child and family. **Timeliness, competence, intensity, and consistency lead to dependability**, consumer satisfaction, and positive results. A "smart" implementation process should be dynamic and interactive, offering **ongoing adaptation of service arrangements** in response to frequent feedback received about changing situations, emerging needs, and results being achieved.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Are the needed services and supports currently being delivered/implemented as described in the child and family plan? Are they provided consistently and on a timely basis?

If not, what are the reasons/barriers?

2. Are supports and services provided in the home, school, and community?

If not, why not? Where were they provided?

3. Are informal supports developed and used at home, at school, and in the community as part of the service process?

4. Is each service and support readily accessible when needed?
Are services, supports, and resources available to child/family within reasonable distances?

If not, what are the reasons?

Facts Used in Rating Performance

System Review 6: Plan Implementation

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- ◆ **Optimal Child and Family Plan Implementation.** The strategies, supports, and services in the child and family plan are being fully implemented in a timely and competent manner, consistent with the long-term view and principles of good practice. The intensity of services is sufficient to produce desired results. To keep services responsive and dependable, ongoing adaptations are made as situations change, needs emerge, and results are known.
- ◆ **Substantially Acceptable Child and Family Plan Implementation.** Essential strategies, supports, and services in the child and family plan are being substantially implemented in a timely and competent manner consistent with the long-term view. The intensity of services is generally sufficient to produce desired results. To keep services responsive and dependable, adaptations are made periodically as situations change, needs emerge, and results are known.
- ◆ **Minimally Acceptable Child and Family Plan Implementation.** Essential strategies, supports, and services in the child and family plan are being minimally implemented in a timely and competent manner, consistent with the long-term view. The intensity of services may lead to desired results. To keep services responsive, adjustments are made periodically, based on monitoring results or a request made by the child, parent, or substitute caregiver.
- ◆ **Partially Unacceptable Child and Family Plan Implementation.** Essential strategies, supports, and services in the child and family plan are being inconsistently implemented. Timeliness, competence, or consistency with the long-term view are minor problems. The intensity of services is weak in yielding desired results. Adjustments are made occasionally, based on monitoring results or a request made by the child, parent, or substitute caregiver.
- ◆ **Substantially Unacceptable Child and Family Plan Implementation.** Essential strategies, supports, and services in the child and family plan are being poorly or inconsistently implemented. Timeliness, competence, or consistency with the long-term view are substantial problems. The intensity of services is poor in yielding desired results. Adjustments are inadequate in keeping services responsive, dependable, or effective.
- ◆ **Completely Unacceptable Child and Family Plan Implementation.** Few, if any, essential strategies, supports, and services in the child and family plan are being implemented to yield desired results. Adjustments in services are not occurring on an adequate basis, resulting in poor responsiveness to needs and unacceptable results.

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List the Reasons or Facts That Lead to Your Rating Decision.

System Review 7: Formal and Informal Supports and Services

FORMAL AND INFORMAL SUPPORTS AND SERVICES: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

An array of supports and services is **necessary to fulfill the child and family plan requirements**. Supports can range from volunteer reading tutors to after school supervision, adult mentors, recreational activities, and supported employment for a youth. Supports may be voluntarily provided by friends, neighbors, churches, or secured from provider organizations. Professional services may be donated, offered through health care plans, or funded by government agencies. A combination of supports and services may be necessary to support and assist the child, family, and teacher.

For interveners to exercise professional judgment and for the child/family to **exercise choice** in the selection of services and supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially or therapeutically appropriate options that are readily accessible, have power to produce desired results, are available for use as needed, and are culturally compatible with the needs and values of the child and family. An adequate array of services includes educational, social, mental health, health, recreational, and organizational services, such as service coordination. An adequate array spans supports and services from all sources that may be needed by the child. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased, only when necessary, to supplement rather than supplant readily available supports and services of a satisfactory nature. **The Indian Child Welfare Act (ICWA) requires that tribal community services and culturally appropriate programs be used to serve Native American families.**

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Are informal supports developed and used at home, at school, and in the community as a part of the service process?
2. To what extent are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports for this child and family?
3. Is each support provided socially and culturally appropriate for the child and family? **Were tribal community services used to serve Native American families?**
4. Did members of the child and family team have two or more appropriate service options from which to choose when recommending professional services for this child and family?
5. Is each service and support readily accessible when needed?
6. If a service was not available in the same town, how far did family members have to travel to obtain the service?
7. Is the combination of informal and formal supports and services used for this child, family, and teacher sufficient for the child to do well?

Facts Used in Rating Performance

System Review 7: Formal and Informal Supports and Services

Determine from Informants, Plans, and Record

8. Is the combination of supports and services used for/by this child and family dependable and satisfactory from their point of view?
9. Was an appropriate placement available near the child's home (only if child was placed out-of-home and the goal is return home)?
 - ☐ in the same town
 - ☐ in the same county
 - ☐ in the same region

Facts Used in Rating Performance

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- ♦ **Optimal Support and Service Array.** The array of home and school supports and services is helping the child and family reach optimal levels of functioning necessary for the child to make academic progress at school and developmental progress at home. A highly dependable combination of informal and, where necessary, formal supports and services are available, appropriate, and used. The array provides a wide range of options.
- ♦ **Substantially Acceptable Support and Service Array.** The array of home and school supports and services is helping the child and family reach favorable levels of functioning necessary for the child to make progress at school and at home. A usually dependable combination of informal and, where necessary, formal supports and services are available, appropriate, and used. The array provides a narrow range of options.
- ♦ **Minimally Acceptable Support and Service Array.** The array of home and school supports and services is helping the child and family reach minimum acceptable levels of functioning necessary for the child to make progress at school and home. A set of supports and services are usually available, somewhat appropriate, and used. The array provides few options, limiting the selection of providers.
- ♦ **Partially Unacceptable Support and Service Array.** The array of home and school supports and services is not sufficient to help the child and family reach levels of functioning necessary for the child to make progress either at school or at home. A limited set of supports and services is available and used, but is seen as partially unsatisfactory by the child and family. The array provides few options, substantially limiting the selection of providers.
- ♦ **Substantially Unacceptable Support and Service Array.** The array of supports and services is not helping the child and family reach levels of functioning necessary for the child to make progress in either setting. Few supports and services are available and used. The child and family see them as generally unsatisfactory. The array provides very few options, substantially limiting the selection of providers.
- ♦ **Completely Unacceptable Support and Service Array.** Few, if any, supports and services are provided. They may not fit the actual needs of the child well and may not be dependable over time. Because informal supports may not be well developed and because local services or funding is limited, they will be offered on a "take it or leave it" basis.

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 8: Successful Transitions

SUCCESSFUL TRANSITIONS: • Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? • If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

A child moves through several critical transitions over the course of a school career (e.g., from pre-school to kindergarten or from high school to work or adult services). For children with special learning needs and problems, such transition points pose challenges that should be planned for the child/youth to be successful during and after the crossing of the new threshold. Requirements for future success have to be determined and provided currently to achieve later success. These requirements should be used in setting strategic goals in the child's long-term view used for developing the child and family plan.

Articulation across service settings and providers is essential, especially when a child is served temporarily in a setting away from his/her home and school. Transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in a return setting or a new setting. Follow-along monitoring may be required for an adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the child and family. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings actually occurs.

Determine from Informants, Plans, and Records

Explanation required for every question.

1. Is the child anticipating a major transition within the next year? Has the service coordinator identified the child's next critical transition? If so, what transition plans are being made to accomplish a smooth transition?
2. If this child has a history of difficult transitions or placement changes, how is this knowledge being used to improve transitions?
3. If a transition is imminent, is a transition or articulation plan currently being implemented for this child?
4. Is this child currently experiencing adverse consequences of a recent transition or change in placement? If so, what are the reasons, and what is being done about it?
5. If the child is 16 years or older does this youth have an Independent Living Plan? Is this youth attending Independent Living Program classes or scheduled to do so? If not, what are the reasons?

Facts Used in Rating Performance

System Review 8: Successful Transitions

Description and Rating of Service System Performance

Description of the Status Situation Observed for the Child

Rating Level

- | | |
|--|--|
| <p>♦ Optimal Transitions. The child's next age-appropriate transition has been planned consistent with the child's long-term view. What the child should know, be able to do, and have as supports to be successful after the transition occurs is being developed now. If a transition to another setting (or return to home and school) is imminent, all necessary arrangements (for supports and services) with persons in the receiving settings are being made to assure that the child is successful following the move. If the child has made a transition (or return) within the past six months, the child is fully stable and successful in his/her daily settings.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">6</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Substantially Acceptable Transitions. The child's next age-appropriate transition has been identified and discussed. What the child should know, be able to do, and have as supports to be successful are planned and being addressed. If a transition to another setting (or return to home and school) is imminent, essential arrangements (for supports and services) with persons in the receiving settings are being made to assist the child during and after the move. If the child has made a transition (or return) within the past three months, the child is generally stable and successful in his/her daily settings.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">5</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Minimally Acceptable Transitions. The child's next age-appropriate transition has been identified. What the child should know, be able to do, and have as supports to be successful are known and being used for planning. If a transition to another setting (or return to home and school) is imminent, basic arrangements (for supports and services) with persons in the receiving settings are minimally in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is stable in his/her daily settings and is not at risk of disruption due to transition problems.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">4</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Partially Unacceptable Transitions. The child's next age-appropriate transition has been identified. What the child should know, be able to do, and have as supports to be successful have not been assessed and no plans have been made. If a transition to another setting (or return to home and school) is imminent, few or partial arrangements (for supports and services) with persons in the receiving settings are in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing mild transition problems in his/her daily settings and is at low risk of disruption.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">3</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Substantially Unacceptable Transitions. The child's next age-appropriate transition has not been addressed. If a transition to another setting (or return to home and school) is imminent, inadequate arrangements (for supports and services) with persons in the receiving settings are in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing substantial transition problems in his/her daily settings and is at moderate to high risk of disruption.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">2</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Completely Unacceptable Transitions. The child's next age-appropriate transition has not been considered. If a transition to another setting (or return to home and school) is imminent, arrangements (for supports and services) with persons in the receiving settings are not in place to assist the child during and after the move. If the child has made a transition (or return) within the past 30 days, the child is experiencing major transition problems in his/her daily settings and is at high risk of disruption.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">1</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |
| <p>♦ Not Applicable. There are no significant transitions on the horizon for the child or family.</p> | <div style="background-color: black; color: white; padding: 2px 10px; display: inline-block;">NA</div> <div style="border: 1px solid black; width: 40px; height: 25px; display: inline-block; margin-left: 10px;"></div> |

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 9: Effective Results

EFFECTIVE RESULTS: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

Services are provided to achieve specific results and benefits for the child and family. These results should include improved functioning, achievement of outcomes consistent with the long-term view, and improved learning. School progress should be made at a level consistent with the child's grade-level promotion and then - **EITHER** - completion of a work-study program leading directly to employment - **OR** - completion of an academic program leading to post-secondary education or employment (as appropriate to the child's age, ability, and ambitions). If intervention strategies and services are not producing these results, then strategies and services should be modified over time as experience is gained about what expectations are reasonable and what interventions actually work.

Determination of results requires that data be gathered and used to measure change from a baseline reference point for each intervention goal. Effectiveness may be assessed using a combination of indicators that includes direct measures of change variables, academic achievement standards, and perceptions of interveners, the child, and the parents. Results should be measured at frequencies consistent with the types of interventions being used and the rates of change expected in the child's goals. For example, changes in classroom behaviors should be measured on a daily or weekly basis while improvements in academic performance may cover a grading period or semester. Results should be used to determine what works for a child and/or family, to evaluate the course and pace of change, and to verify that important outcomes are being attained for the child that will lead to his/her success in school and in life.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Are supports and services producing desired results and leading to attainment of important outcomes for the child? If not, what are the reasons? What is DCFS doing to improve the situation?
2. Have specific outcomes or results been targeted and achieved? If not, what are the reasons?
3. Are noticeable changes occurring in the status of the child or family? Are these changes in the desired direction of improvement? If not, what is being done about it?

Facts Used in Rating Performance

System Review 9: Effective Results

Description and Rating of Service System Performance

Description of the System Performance Situation Observed for the Child

Rating Level

- | | | |
|--|----------|--------------------------|
| ♦ Optimal Service Results. The strategies, supports, and services planned and delivered to the child and family are significantly improving/maintaining their functioning and producing excellent results. Changes from baseline measures of status and performance are used to track the course and rate of progress made. The child has been making academic or work progress at or above expectation for at least six months. The child and family team continuously learns which things work and do not work for this child and family. | 6 | <input type="checkbox"/> |
| ♦ Substantially Acceptable Service Results. The strategies, supports, and services planned and delivered to the child and family are substantially improving/maintaining their functioning and producing good results. Changes from baseline measures of status and performance are used to track the course and rate of progress made. The child has been making academic or work progress at or near expectation for at least three months. The child and family team frequently determines which things are working for this child and family. | 5 | <input type="checkbox"/> |
| ♦ Minimally Acceptable Service Results. The strategies, supports, and services planned and delivered to the child and family are minimally improving/maintaining their functioning and producing fair results. Changes from baseline measures of status and performance are used to track the course and rate of progress made. The child is showing recent academic or work progress at or near expectation. The child and family team is attempting to determine which things are working and not working for this child and family. | 4 | <input type="checkbox"/> |
| ♦ Partially Unacceptable Service Results. The strategies, supports, and services planned and delivered to the child and family are inconsistent in improving/maintaining their functioning and producing mixed results. Changes from baseline measures of status and performance are usually not used to track the course and rate of progress made. The child is showing recent academic or work progress somewhat below expectation. The child and family team is uncertain about which things are working and not working for this child and family. Risks of harm or poor outcomes are presently low. | 3 | <input type="checkbox"/> |
| ♦ Substantially Unacceptable Service Results. Strategies, supports, and services are not adequately planned or delivered to the child and family. They are not improving or maintaining their functioning. Service results are poor. Baseline and progress measures are sometimes inaccurate, limited, or missing. The child is showing academic or work progress well below expectation. The child and family team is not functioning well enough to explore which things are working and not working for this child and family. Risks of harm or poor outcomes are moderate and/or increasing. | 2 | <input type="checkbox"/> |
| ♦ Completely Unacceptable Service Results. Strategies, supports, and services are limited, undependable, or conflicting for child and family. They are declining in their functioning. Service results are either unknown or unattained. Baseline and progress measures are usually inaccurate, limited, or missing. The child is regressing in academic or work areas. The child and family team is not functioning. Risks of harm or poor outcomes are substantial. | 1 | <input type="checkbox"/> |

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 10: Tracking and Adaptation

TRACKING AND ADAPTATION: • Are the child and family status, service process, and results routinely followed along and evaluated? • Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

How are the child and family doing? Has their situation changed? Have new needs emerged? Are supports and services being delivered as planned? Are providers dependable? How well is the mix, match, and sequence of supports and services working? How well do these arrangements actually fit the child and family? Are urgent response procedures working when needed? Are advance arrangements for transitions being accomplished? Are desired results being produced? What things need changing? An ongoing examination process should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. **Tracking and adaptation provide the "learning" and "change" processes** that make the service process "smart" and, ultimately, effective for the child and family.

The child and family plan should be modified when objectives are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. The service coordinator for the child and family should play a central role in monitoring and modifying planned strategies, services, supports, and results. Members of the child and family team (including the child and family) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. **This learning and change process is necessary to find what works** for the child and family. **Learning what works is a continuing process.** Getting successful results depends on a "smart" service process.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. How often is the status of the child and family monitored/reviewed?
Please describe how progress and child well-being is monitored by the case-worker (e.g., face-to-face contacts, telephone contact, and meetings with family, child, service providers, reviewing reports from providers, etc.)
2. Is the implementation of the service process being tracked? Is progress or lack of progress being identified and noted?
3. Are detected problems being reported and addressed promptly?
4. Are identified needs and problems being acted on?
5. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results?
6. Is the service process modified as goals are met? Is the service process modified if no progress is observed? If not, why not?
7. Is the child and family plan updated as goals are met? Is the plan updated if no progress is observed? If not, why not? How does the caseworker update and modify the child and family plan?

Facts Used in Rating Performance

System Review 10: Tracking and Adaptation

Description and Rating of Service System Performance

Description of the System Performance Situation Observed for the Child

Rating Level

- | | | |
|---|----------|--------------------------|
| ♦ Optimal Tracking and Adaptation Processes. The strategies, supports, and services being provided to the child and family are highly responsive and appropriate to changing conditions. Continuous monitoring, tracking, and communication of child status and service results to the child and family team are occurring. Timely and smart adaptations are being made. Highly successful modifications are based on a rich knowledge of what things are working and not working for the child and family. | 6 | <input type="checkbox"/> |
| ♦ Substantially Acceptable Tracking and Adaptation Processes. The strategies, supports, and services being provided to the child and family are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of child status and service results are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the child and family. | 5 | <input type="checkbox"/> |
| ♦ Minimally Acceptable Tracking and Adaptation Processes. The strategies, supports, and services being provided to the child and family are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of child status and service results is occurring. Usually successful adaptations to supports and services are being made. | 4 | <input type="checkbox"/> |
| ♦ Partially Unacceptable Tracking and Adaptation Processes. The strategies, supports, and services being provided to the child and family are partially responsive to changing conditions. Occasional monitoring and communication of child status and service results is occurring. Partially successful adaptations are based on isolated facts of what is happening to the child and family. Their status is adequate in some areas but unacceptable in others. The child or family could be at low risk of harm or poor outcomes. | 3 | <input type="checkbox"/> |
| ♦ Substantially Unacceptable Tracking and Adaptation Processes. Poor strategies, supports, and services are provided to the child and family and are not always responsive to changing conditions. Limited monitoring, poor communications, and/or an inadequate child and family team is often unable to function effectively in planning, providing, monitoring, or adapting services. Few sensible modifications are planned or implemented. Child and family status is poor in several areas. The child or family could be at moderate to high risk of harm or poor outcomes. | 2 | <input type="checkbox"/> |
| ♦ Completely Unacceptable Tracking and Adaptation Process. Strategies, supports, and services are limited, undependable, or conflicting for child and family. Little or no monitoring or communications is occurring and/or an inadequate child and family team is unable to function effectively in planning, providing, monitoring, or adapting services. Current supports and services have become non-responsive to the current needs of the child and family. The service process appears to be "out of control." Child and family status are generally poor. The child or family could be at high risk of harm or poor outcomes. | 1 | <input type="checkbox"/> |

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 11: Caregiver Support

(for children living in substitute care)

CAREGIVER SUPPORT: • Are the substitute caregivers in the child's home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions reliably for this child? • Is the array of services provided adequate in variety, intensity, and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

Substitute caregivers are persons who provide parenting, assistance, supervision, and physical care for a child or youth in a temporary place of residence, including kinship placement. **Substitute caregivers may include foster parents, future adoptive parents, and care staff in a group home or residential facility. Relatives who care for the child while reunification services are provided to the family of origin also belong to this group.** Children with special needs place much greater demands on the skills of a caregiver and resources of the home than do other children. When children have special needs, parents and other caregivers may require added training, assistance, periodic relief, and supports in the home to provide for the needs of the child. Often, the long-term stability of the home and the capacity of the caregivers to maintain the home safely with the child/youth present critically depends on the adequacy of caregiver supports provided. Provision of caregiver supports and in-home services should enable the caregiver to participate in assessment of needs, selection of providers, and scheduling. Choice-making requires that a variety of support providers be available. To be effective and satisfactory, supports should be culturally compatible and of an intensity commensurate with the needs of the child and caregiver. To be adequate, caregiver supports should be accessible when needed, dependable when used, functional for the home, and seen as supportive by caregivers.

Determine from Informants, Plans, and Records

Explanations required for every question.

1. Are the supports needed by the substitute caregiver, such as training, respite care, monthly caseworker visits, information regarding the child, and foster parent consultant, being provided?
2. How are the needs for supports being assessed, managed, and monitored? Are there any barriers to receiving these supports?
3. Does the caregiver report that current supports are adequate, dependable, and truly supportive of the caregiver? If not, did the caregiver report this to DCFS and what has DCFS done to meet the caregiver's needs?
4. If the caregivers' parenting capabilities are inadequate, what is being done to improve them? Are there any barriers to receiving these supports? What steps are being taken to resolve barriers?
5. If the caregiver functioning is impaired, are these matters being addressed by DCFS staff? Was licensing notified?

Facts Used in Rating Performance

System Review 11: Caregiver Support

(for children living in substitute care)

Description and Rating of Service System Performance

Description of the System Performance Situation Observed for the Child	Rating Level
<p>♦ Optimal Caregiver Support. The caregiver is receiving an excellent level of training, assistance, in-home support, and periodic relief necessary for the caregiver to fully meet the needs of the child and maintain the stability of the home. A broad array of supports and services is accessible when needed, dependable in use, and truly supportive in nature.</p>	<div>6</div> <input type="text"/>
<p>♦ Substantially Acceptable Caregiver Support. The caregiver is receiving a substantial level of training, assistance, in-home support, and periodic relief necessary for the caregiver to substantially meet the needs of the child and maintain the stability of the home. A variety of supports and services is accessible when needed, dependable in use, and generally supportive in nature.</p>	<div>5</div> <input type="text"/>
<p>♦ Minimally Acceptable Caregiver Support. The caregiver is receiving an adequate level of training, assistance, in-home support, and periodic relief necessary for the caregiver to minimally meet the needs of the child and maintain the stability of the home. A limited set of supports and services is accessible when needed, dependable in use, and generally supportive in nature.</p>	<div>4</div> <input type="text"/>
<p>♦ Partially Unacceptable Caregiver Support. The caregiver is receiving an inadequate level of training, assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the child and maintain the stability of the home. Few supports and services are accessible when needed, dependable in use, or supportive in nature.</p>	<div>3</div> <input type="text"/>
<p>♦ Substantially Unacceptable Caregiver Support. The caregiver is receiving a substantially unacceptable level of training, assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the child and maintain the stability of the home. Supports and services may not be accessible when needed, dependable in use, or supportive in nature.</p>	<div>2</div> <input type="text"/>
<p>♦ Completely Unacceptable Caregiver Support. The caregiver is receiving a woefully inadequate level of training, assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the child and maintain the stability of the home. Supports and services may not be accessible when needed, dependable in use, or supportive in nature.</p>	<div>1</div> <input type="text"/>
<p>♦ Not Applicable (child does not live in substitute care).</p>	<div>NA</div> <input type="text"/>

List the Reasons or Facts That Lead to Your Rating Decision.

System Review 12: Overall System Performance

OVERALL SYSTEM PERFORMANCE SCORING PROCEDURE

There are 10 exams to be conducted in the area of System Performance. Each exam produces a finding reported on a 6-point rating scale with scale values of 1-3 being in the unacceptable range and values 4-6 being in the acceptable range. An "overall rating" of System Performance is based on the findings determined for the System Performance examinations, using the following scoring procedure to produce an "overall rating value" on a 1-6 scale. This procedure is performed after rating results are produced for all 10 exams: 1) Begin by transferring the rating value for each exam from the protocol exam page to the calculation table below 2) Next, multiply the rating value for each exam by the weighting value in the table to produce a weighted score for the exam 3) Sum the weighted values of all exam scores to produce a total score; 4) Follow the instructions that follow the calculation table to assign the OVERALL SYSTEM PERFORMANCE RATING for this child.

<u>Rating</u>	<u>Weight</u>	<u>Score</u>	<u>Performance Examination</u>
_____	x2	_____	Child/Family Participation
_____	x2	_____	Child and Family Team & Coordination
_____	x3	_____	Child and Family Assessment
_____	x2	_____	Long-term View
_____	x3	_____	Child and Family Planning Process
_____	x2	_____	Plan Implementation
_____	x2	_____	Formal and Informal Supports and Services
_____	x1	_____	Successful Transition
_____	x2	_____	Effective Results
_____	x3	_____	Tracking and Adaptation
_____	x1	_____	Caregiver Support
TOTAL SCORE		_____	

NOTE: Ask Office of Services Review personnel for assistance to complete the scoring.

Rating of the Overall System Performance for the Child

Rating Level

- **Optimal System Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.
- **Substantially Acceptable Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.

6	<input type="text"/>
5	<input type="text"/>
Green Zone	

- **Minimally Acceptable Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.
- **Partially Unacceptable Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.

4	<input type="text"/>
3	<input type="text"/>
Yellow Zone	

- **Substantially Unacceptable Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.
- **Completely Unacceptable Performance.** Due to scoring variability such as N/As, see the Office of Services Review for exact scores.

2	<input type="text"/>
1	<input type="text"/>
Red Zone	

Child and Family Case Story Outline

Describe the child/family situation using a narrative form. Mention historical facts that are necessary for understanding the current status. Keep in mind the timeline and sequence of events that relate to this child/family. The following outline can be used to guide the narrative. The reviewer will receive the template for the Case Story write-up by e-mail (or on a disk, if requested). Please write the story using Microsoft Word and e-mail it to the Office of Services Review (klambert@utah.gov or abetins@utah.gov) no later than 10 calendar days after the review.

Facts About the Child and Family

This section should provide a brief overview of the child and family, touching on such key pieces of information as:

- ♦ **Family Composition** (*Include ages of children and parents, and use only first names. Include biological, foster, and adoptive families.*)
- ♦ **Prior CPS Investigations and DCFS Involvement**
- ♦ **Permanency Goal**

CORE STORY FOR THE CHILD AND FAMILY

Describe the current status of the child, family, and caregiver using the review findings as a basis. If any unfavorable status results put the child at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the child, family, and caregiver's current status. Use a flowing narrative to tell the "story" of the child's current status. Make sure that the "story" supports and adequately illuminates the Overall Status rating. Describe the actions taken by DCFS to meet the child's basic needs. Safety, stability, permanency, well-being, and family functioning are significant factors related to child status that should be fully discussed. Also address the other Child Status indicators in this section regardless of whether they are acceptable or unacceptable.

Factors Contributing to Favorable Results

Address the system performance indicators that are rated acceptable in this section, particularly focusing on core indicators. Discuss any additional factors not previously mentioned that have positively affected the child status. Why are things working well? In addition to justifying the score, describe how acceptable performance on the system indicators has affected outcomes and status for the child and/or family. Particularly focus on connections between acceptable performance on system indicators and positive outcomes or status of the child and/or family. Where performance could be polished or refined, describe

specifically how improved performance could enhance future outcomes.

Factors Contributing to Unfavorable Results

Address the system performance indicators that are rated unacceptable in this section, particularly focusing on core indicators. Discuss any additional factors not previously mentioned that have negatively affected the child or family's status. Why aren't things working? In addition to justifying the scores, describe how unacceptable performance on system indicators has negatively affected outcomes or status for the child and/or family. Indicate what factors seem to be contributing to the current status of the child and how the child may be adversely affected now or in the near future if status is not improved. Briefly explain the challenges that appear to be related to the current inadequacy of these functions. Describe how outcomes could have been affected if system performance had been adequate, and how outcomes could be affected in the future if performance improves.

Six Month Prognosis

Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur during this time period.

Practical Steps to Sustain Success and Overcome Obstacles

Suggest practical steps that could be taken to sustain and improve the successful system functions for this case over the next six months. Include any steps that could be taken to overcome current obstacles and to improve inadequate service system functions, if any, so that they will work adequately for this child, family and caregiver.

Please be sure to fully explain any unacceptable scores and any scores that are extremely high (6).

6-Point Rating Scales to Report Exam Findings

The following tables provide information for reviewers on scoring Child Status and System Performance indicators

6-Point Rating Scale Values for CHILD STATUS Indicators

Unacceptable Status Ratings (1-3)			Acceptable Status Ratings (4-6)		
Value 1: Poor and Worsening Status	Value 2: Poor and Un-changing Status	Value 3: Poor but Improving Status	Value 4: Minimally Acceptable Status	Value 5: Generally Favorable Status	Value 6: Optimal Status
The child's current status on the indicator is poor and the situation is becoming worse.	The child's current status on the indicator is poor and the situation is not improving.	The child's status on the indicator is a mixed pattern—predominantly unacceptable, but showing improvement.	Current status shows mixed indications—dominant pattern is minimally acceptable. "Groundhog Day" rule	Status on indicator is favorable with positive conditions for continued improvement in the area examined.	The child's status in the area examined is optimal with positive indicators for continued favorable status and/ or improvement.

6-Point Rating Scale Values for SYSTEM PERFORMANCE Indicators

Unacceptable System Ratings (1-3)			Acceptable System Ratings (4-6)		
Value 1: Service Function Absent or Not Evident in Use	Value 2: Function Fragmented, Incoherent, Incomplete	Value 3: Function Under-Powered or Not Well-Matched to Need	Value 4: Function Minimally Adequate	Value 5: Function Generally Adequate	Value 6: Exemplary Service Function
The service function is missing or not evident in the service process for the child/ family.	Service functions evident but not fully present or operative on a consistent basis for the child/family.	Service function present but not working commensurate with presenting needs in case.	Function present and sufficiently dependable to be minimally adequate under present conditions. "Groundhog Day" rule	Function working well for child/ family under a variety of varying conditions over time.	Service function is optimal for child/ family over time and is indicative of exemplary practice.

Differences between Ratings 3 and 4

- A rating of 3 is close, but not presently acceptable
- A 3 is not adequate for the child to do well now or in the near term future
- A 3 may show some positive indications but now falls short of a desired result or adequate function
- Under favorable conditions a 3 could become a 4 later
- A rating of 4 is minimally acceptable right now
- A 4 is just enough for the child to do OK now and in the near term future
- A 4 requires evidence of acceptance status/ results or of adequate functioning related to acceptable present results >> *Show me the evidence!*
- "Groundhog Day" Rule: If this case were frozen in time as it is today, would it be acceptable?

Utah DCFS Practice Model Principles

The Practice Model Development Team has worked hard to incorporate the wonderful suggestions that came from DCFS staff and from our community partners into the following set of principles.

“Protection” – Children’s safety is paramount; children and adults have a right to live free from abuse.

“Development” – Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

“Permanency” – All children need and are entitled to enduring relationships that provide a family, stability and belonging, and a sense of self that connects children to their past, present and future.

“Cultural Responsiveness” – Children and families are to be understood within the context of their own family rules, traditions, history and culture.

“Partnership” - The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

“Organizational Competence” - Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.

“Professional Competence” - Children and families need a relationship with an accepting, concerned, empathic worker who can confront difficult issues and effectively assist them in their process toward positive change.

Practice Model Skills Development

A set of key practice skills has been formulated from the Practice Principles to “ Put Our Values Into Action.” The training on the Practice Model will provide for the development of these practice skills. These basic skills are:

“Engaging” – The skill of effectively establishing a relationship with children, parents and essential individuals for the purpose of sustaining the work that is to be accomplished together.

“Teaming” – The skill of assembling a group to work with children and families, becoming a member of an established group, or leading a group may all be necessary for success in bringing needed resources to the critical issues of children and families. Child welfare is a community effort and requires a team.

“Assessing” – The skill of obtaining information about the salient events that brought the children and families into our services and the underlying causes bringing about their situation. This discovery process looks for the issues to be addressed and the strengths within the children and families to address these issues. Here we are determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being for the children.

“Planning” – The skill necessary to tailor the planning process uniquely to each child and family is crucial. Assessment will overlap into this area. This includes the design of incremental steps that move children and families from where they are to a better level of functioning. Service planning requires the planning cycle of assessing circumstances and resources, making decisions on directions to take, evaluating the effectiveness of the plan, reworking the plan as needed, celebrating successes, and facing consequences in response to lack of improvement.

“Intervening” – The skills to intercede with actions that will decrease risk, provide for safety, promote permanence, and establish well-being. These skills continue to be gathered throughout the life of the professional child welfare worker and may range from finding housing to changing a parent’s pattern of thinking about their child.